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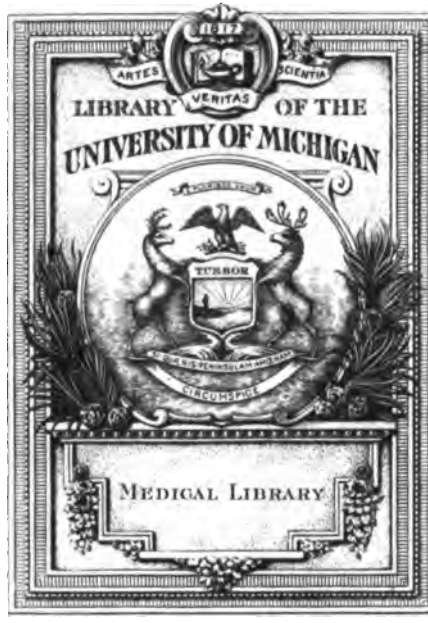

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JANUARY, 1867.

ART. I.—*Fracture at Base of Skull—Recovery.* By THOS. L. NEAL, M. D. Being a Paper read before the Montgomery County Medical Society.

John Ingersoll, express driver, aged 48, has been a constant drinker for a number of years. October 3, he fell headlong from the top of the seat of his wagon, upon the paved gutter, a distance of eleven feet. He was taken up insensible, and carried home, where, in company with Dr. Adams Jewett, I saw him shortly after the accident. He was bleeding from the nose, mouth and left ear. There was a cut three fourths of an inch long in the left temple, down to the bone; but, beside a bruise of the left ear, the skin was nowhere else broken. A careful examination of the head did not discover a fracture within reach. The surface was pale and cold; the respiration was so feeble as to appear scarcely performed at all; pulse rapid and without force; pupils widely dilated, and there was not the slightest evidence of sensibility.

The symptoms of compression soon became more manifest; the respiration became slower, sterterous and labored; pulse fell to fifty strokes to the minute, was soft and irregular, and toward evening there was developed a partial paralysis of the left side. The bleeding from the ear continued copiously for several hours after the injury; but was followed by a pretty free discharge of

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serum, which, by the way, continued more or less for several days; in quantity sufficient to saturate, not only the pillow, but cloths put about him to keep his head dry. There was blood ejected from the stomach during the first twenty-four hours. The violence of the symptoms abated somewhat within twelve hours; still, the bad breathing remained for ten days, and the pulse did not rise above sixty for about twenty-four days. After the puffiness of the face subsided sufficiently, it was discovered that the left eye squinted inwardly, and great ecchymosis obtained within the orbit, "not," as Mr. Druitt says, "a mere speck of blood beneath the connjuctiva, but a complete ecchymosis coming from behind." There was complete deafness of the left ear, which up to the present promises but little improvement. Consciousness returned very slowly, although we were soon directed by him as to the kind of local applications to apply to his head. He had been ordered evaporating lotions, but he tore them off, and said he wanted "hot ashes." He got hot spirits and water, and was soothed and satisfied. Another point in this connection—as the symptoms were of the adynamic type, and remembering the habits of the man, he was allowed egg-nog, and whisky stews, both of which he scornfully refused to take.

On the night of the twenty-fourth day, the patient had a paroxysm of pain, which he referred to the left side of the head and ear, and which was truly agonizing, abating somewhat, and again returning until toward morning. At my visit, made early, I was surprised to find my patient had almost entirely recovered his reason, said he was suffering greatly, yet seemed sorely perplexed to know for the first time that he had received a fall, and had lost so much time. Now, whatever may be the explanation, the fact must be admitted as remarkable, that the return of reason was coincident with the appearance, or rather the lull of this violent pain.

He passed the day badly enough, but the night brought all the horrors of its predecessor. The next morning he was better again, and dozed for a short time, but was aroused with his pain, which, although not so violent as the night attacks, came on with considerable severity. To give details of the next two weeks, would be to repeat what has been said of those two days and nights, and my design in going into detail at all, is to place

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beyond doubt the efficacy of a remedy in this, if it may not prove so in other cases of like character.

To follow, then, the history, these pains subsided rather abruptly about the 10th of November, and he has been steadily, yet slowly, recovering up to the time when this report was undertaken.

In mentioning the treatment, in order to be brief, I shall assume that up to the time of the occurrence of these violent head pains, he got about what is generally recommended in such cases, leaning strongly toward expectancy. With their appearance, I am free to confess, I was somewhat puzzled as to what course to pursue. I began, however, by giving small doses of morphine, to be carefully increased, until he was getting half grain doses every three hours.

This seeming to have no effect, he next got belladonna with no better results. I then asked Dr. Reeve to see my patient, and at his suggestion I gave him tincture of the root of aconite, and iodide of potash, which was continued until the physiological effects of the aconite were manifested; but as no amelioration of the pain followed, it was discontinued.

I next gave him ℞. Potassii bromidi ʒiss; tinc. valerianæ ammonia. fl. ʒviij; aqua camphoræ fl. ʒviij. Mix. Tablespoonful every three hours. This formula, after twenty-four hours, had developed such marked good results, and so beyond my expectation, that I was then in doubt as to whether its exhibition, and the subsidence of pain might not be merely coincident. I did not risk it, and kept up the medicine for six days longer. Now, as the patient was quite comfortable, and in order to fully satisfy myself to what it was due, the medicine was withdrawn; but before morning I was sent for, and found him suffering as much as before the medicine was first given. I then gave him twenty-five grains of the bromide, to be repeated every four or six hours—looking confidently for the relief of my patient, and in which I was happily not disappointed.

Again, there had now elapsed another week since the man had complained of pain; the appetite was good; he slept well, and every thing promised so favorably with him, I did not think there could be any necessity for continuing the remedy, and so in good faith this time, I suspended it. He had pain again, not violent

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however, yet enough to prevent sleep. The bromide acted as happily as before, and, consenting to the urgent solicitations of the patient, he was allowed to continue its use up to the middle of December.

The commentary upon this case, undoubtedly is, that it was a remarkable instance of recovery from an extensive fracture of the base of the skull. All injuries of the head, however slight, may prove mischievous, while on the other hand grave accidents, implicating the brain itself, are not necessarily mortal. The symptoms of fracture of the base of the cranium, may, as Prof. Gross says, in a "perfectly simple case be mild; mild remedies sufficing for its relief;" "but," says the same author, "it is far otherwise when the fissure is extensive, owing to the lesion sustained by the brain and its envelopes." There is, then, profound collapse, and not the slightest sensibility of any kind. This may last a longer or shorter time, and leave it possible for an entire recovery at some remote period; or what frequently takes place, the unfortunate patient never reacts. There is *almost* always blood poured from the mouth, nose, and ears; and frequently also, sooner or later, a serosity issues from these same cavities. I have merely referred to what is usually observed of the cerebral symptoms in the kind of injury under consideration, from the fact that within themselves they can never be depended upon as pathognomonic of fracture: and a hint at what occurs in the simple form, and to notice what has been designated profound collapse in the grave, must serve our purpose, since they can only be held as concomitant indications, and of no value in the light of differential diagnosis. There are symptoms, however, which certainly tell us of injuries of structures in immediate contact with bones, and further indicate at what points, and to what extent these structures may be involved. Mr. John Hilton has grouped these symptoms into three divisions, and I can do no better than borrow his classification.

"1. Those symptoms resulting from an escape of blood to the exterior of the cranium by the orbits, nose, mouth, pharynx, or ear. 2. Those resulting from injury to the nerves traversing the foramina of the base, and must vary according to the normal functions of the nerve or nerves involved, and, 3rd, The escape of the cerebro-spinal fluid from the ear or other parts

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of the cranium." After a blow upon the head, a certain amount of blood may be effused in the orbits, sufficient to produce considerable ecchymosis; as well as a certain degree of epistaxis, even when the nose has not received an injury; and, indeed, there may have been some bleeding from the ear and pharynx where the mucous lining of these cavities has been lacerated, not as the result of direct injury to the part itself, without necessarily involving a fracture. Yet, if any great amount of hemorrhage should occur, and especially from the pharynx and ear, consequent upon a severe blow on a remote part of the head, I think the best authorities will warrant us in pronouncing it the result of fracture of the base of the skull. Mr. Prescott Hewett insists upon the importance of extravasated blood under the ocular conjunctiva as diagnostic of fracture, and says of it, to be of prime value, "we should not be able to trace its limits," that it should extend farther than we are able to see. There may be extravasation in the mastoid region, and lateral regions of the neck, leading to strong suspicions of fracture of the posterior part of the base. The symptoms showing injury to the nerves will indicate not only fracture, but may point out its direction; a strabismus implicates the third or sixth nerve; a paralysis of the face shows that the seventh has suffered; deafness points to the auditory; loss of sensibility of one half the tongue to the third branch of the fifth, and of motion to the ninth; while dysphagia and snoring indicate that the exit of the eighth pair has been infringed upon by the line of fissure; and so we may carry these observations further, as by the absence of paralysis, or other derangements of nervous action, we may assure ourselves that the brain substance has not suffered. The escape of the serous fluid has given rise to much speculation, and even up to the present, I am not prepared to say that it must always be taken as unmistakable evidence of fracture of the base of the skull, nor that its source even when existing in large quantity, must always be referred to the cerebro-spinal liquor. That in almost all cases where this fluid has been discharged after severe injuries of the head, terminating fatally, it can be satisfactory demonstrated to have proceeded from a rupture of the membrane containing it, there can be no doubt. Yet, Mr. Hewett mentions in his lectures upon this

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subject, at least two cases where no such opening could possibly exist, and, in one of the cases under his immediate eye, when the serum was copious and prolonged, a careful dissection, made by himself and Mr. Henry Gray, revealed that there was no fracture of the petrous bone at all. He says, that in this case, "the only possible explanation is, that it was a secretion of the membrane lining the tympanum and mastoid cells." As Mr. Hewett is perhaps the highest authority of the present day, who takes issue with those who believe this serous discharge to be in all cases the cerebro-spinal fluid, and consequently pathognomonic of fracture of the base of the skull, it may be excusable to copy what he is pleased to call his three classes of cases presenting this watery discharge. "The first is where the fluid from the ear is plentiful and of a decidedly watery character immediately after the accident; in these cases," he says, "we need still be in no doubt as to the nature of the accident. We may safely say that the watery discharge is due to the escape of the cerebro-spinal fluid, which can only take place through the petrous bone implicating the internal auditory canal and its membranes.

"The second class, characterized by a copious and prolonged bleeding from the ear, followed by a watery discharge, we may here also safely diagnose a fracture of the petrous bone, but we can not pretend to say that the line of fracture follows any particular course. It is right, however, that we should clearly understand that it is not to this watery discharge that we can in these cases safely trust for our diagnosis, but to the copious and prolonged bleeding which has never as yet led me wrong.

"Thus far, then, there is no difficulty in the diagnosis; not so however in the third class of cases. Here we get at first a discharge of blood only, which is neither copious nor prolonged; then comes the watery discharge, varying as to the time of its appearance. Mark, it may be there within a very few hours after the accident, varying again as to the quantity; it may be profuse also within a very few hours after its appearance. These are the cases," adds Mr. Hewett, "in which experience has of late taught us that the diagnosis must be doubtful. Does such a discharge of blood indicate a fracture? certainly not. Does such a discharge of watery fluid indicate a fracture? not for certain. A limpid watery fluid may be discharged within a few hours

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after the accident, the quantity of it may even be profuse, and yet there may be no fracture. Up to the present time it has been held that these two characters of early appearance and profuseness, were signs positive, in truth, none more so, of fractured base. Of this idea we must now disabuse ourselves."

It need scarcely be added that we may have a fracture with none of the above indications to govern our opinion, and in their absence we may sometimes shrewdly guess at the true character of the mischief, but are never warranted in pronouncing it so with positiveness. The prognosis in these cases is extremely bad. A few years ago it was believed that all such accidents were fatal. Yet we now know, that although a person may receive an extensive fracture of the base of the skull, we need not necessarily condemn him to death.

There is very little outside of what is called general principles to be said of treatment. Operative interference may be necessary, where a spicula of bone impinges from the orbit, or from a caving in of a portion of the posterior fossæ.

In closing the account of this case, and the rambling comments I have been betrayed into making, I must apologize for introducing the details of treatment for the violent pains which afflicted my patient; but feeling that I stumbled upon what proved a very boon to him, and not then, nor now, being able to offer any solution of the means to ends, I beg that gentlemen will be kind enough to give this part of my paper more than a passing reference.

ART. II.—*Cases of Thoracic Disease.* BY H. P. AYRES, M. D., Fort Wayne, Ind.

CASE 1.—PNEUMONIA.—Jas. B. was attacked with pneumonia in the spring of 1844. The inflammation extended to both lungs, but reached a higher degree in the left, and resulted in an entire disorganization of that lung, and change in the locality of the heart. The attack and treatment of the pneumonia had no peculiarities, but the results are unusual, and beautifully illustrate the tenacity sometimes manifested for life, and the resources of nature in supplying any defect in the organism. During the sickness and convalescence there

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were no special evidences of decay in the left lung, and the change which occurred can only be accounted for as the result of absorption. Mr. B. is still living, and his prospects for life are as good as they were twenty years ago, and, for the present, entirely forbid the idea of a post mortem examination.

The ribs on the left side of the chest have fallen in, or flattened, so that the measurement of that side is not more than one third that of the right. Percussion reveals only a solid mass occupying the remaining cavity, and the action or motion of the ribs is entirely wanting. The heart has been pushed entirely into the right side of the chest, and its action may be seen and heard, a little on the inside of the right nipple, while its apex points forward and outwardly. Its motions are quick, but smooth and uniform. The respiration is hurried, but the resonance of the right side, on percussion, indicates a sound lung. Mr. B. possesses a well-developed body, and one free from any hereditary disease. His appearance now is slightly stooped, pale and delicate, yet he has sufficient strength to enable him to walk about and give directions respecting his business; but can undergo no great amount of fatigue. The right side of the chest is not materially increased in size, when we remember that it contains the heart and the entire respiratory apparatus of the body. The appetite continues good, and the digestive organs are entirely healthy. The vertebral column has not suffered with this great change in the organism. The stooping mentioned above, probably results from other causes. The man is, undoubtedly, living with only the right lung. The heart has been crowded several inches from its proper position in the thorax.

There are undoubtedly instances in which men have lived with one lung, from hepatization or solidification, but I do not now remember any, where there has been such an entire disorganization of the vital organs. What changes have taken place in the aorta, vena cava, heart and respiratory organs, is, for the present, only a matter of conjecture; and as the subject has lived for twenty-two years, and bids fair for many more, it may never be known.

Case 2.—Empyema from Pneumonia.—S. B., aged 35, a stout, vigorous, healthy and temperate man, was attacked

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in 1850 with pneumonia. The inflammation occurred in both lungs, but was particularly severe in the left. The treatment was prompt and energetic; but as we write only to record the results of the case, we entirely omit it. Hepatization of the left lung followed in a few hours, while the right gradually assumed its healthy state and function. The patient slowly improved, and in six weeks, was able to visit town—his residence being six miles in the country. The dullness over the lung continued, but hopes were entertained that it would gradually resume its functions. He continued to visit town every two weeks, but complained of great pain in the diseased side of the chest, and a sensation of a floating or moving substance in that side. The first attack was in August, and in December he had become so emaciated and weak, and felt the weight of the left lung so great, that he gave up all locomotion, and confined himself to a semi-erect position in bed, being compelled to lie continuously on the back. From December to February his sufferings were intense and almost continuous. In February his physician visited him, and found an evident pointing of matter between the third and fourth ribs, which he opened, and over six pints of thick pus escaped within eight hours. So exhausting was it to the patient, that, notwithstanding he had a bandage around him tightly, it became necessary to stop the flow of the pus, until rest and stimulants could restore him. The operation left the patient in a much prostrated condition.

In three weeks, two more pointings appeared between the fourth and fifth ribs, which were opened, and discharged large quantities of matter. Subsequently four openings were made, one near the base, and one at the apex of the heart, the remainder as low down as the seventh rib, but all on the anterior surface of the left breast. During the sixteen years which have elapsed, new fistulæ have formed, and old ones closed. There are generally four running, three occasionally, and one, which is of great interest to me, and really the subject of this paper. This one he is compelled to empty night and morning, or, as he expresses it, "Blow it out." During the sixteen years, he has been confined to the house about one year; the remainder has been devoted to the management of his property; but at no time was he able to undergo any severe labor. His chest is drawn to the left side,

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especially when walking. The ribs on the affected side have flattened, and the measurement is two thirds of that of the healthy one. The heart has been forced from its natural position, and lies immediately under the sternum. The diastole and systole of the organ conveys to the ear the impression, that the heart is surrounded with some substance which suppresses the sound, or, that it is deeply imbedded in the substance of the lung. Percussion over the diseased side reveals several cavities; and yet a sufficient respiratory murmur is heard, to show the existence of some healthy lung. There are, undoubtedly, five cavities in the lung, each one having a fistulous opening through the walls of the chest. The cavity which he "blows out" night and morning, has its opening between the fourth and fifth ribs, and three inches from the point where the ribs join the sternum. The orifice is three fourths of an inch in size, with healthy, organized edges. A probe can be introduced four or five inches. This opening he constantly keeps closed air-tight, excepting when he is emptying it. He usually uses a paper tent, made with the leaves of an old book, probably from their softness, which he rolls up tightly, until sufficiently large, when it is introduced its full length, leaving only enough externally to withdraw it when necessary. The tent, thus introduced, has some times slipped into the cavity, and has been extracted with difficulty. He is unable to breathe when this orifice is open. When he wishes to free the cavity from the accumulated pus, he withdraws the plug, simultaneously closing his mouth, and making an effort to cough, when the air and matter must pass out through the external opening. I confess my astonishment and surprise at the noise and force of the outrushing air, when he simply withdraws the tent. Some days he is compelled to cleanse this cavity three times, but usually only morning and evening. If he neglects to do so, he commences discharging it by the mouth, and can at any time, by bending his body downward and forward, cause the matter to flow from the mouth. The amount thus discharged is about eight ounces each time, or sixteen ounces per day. The surface of the affected side is covered with cicatrices and deep fissures.

It is a matter of astonishment how this man has thus lived through sixteen years with such a disorganized condition of the thoracic cavity.

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ART. III.—*Uterine Tumor, Successfully removed.* By G. W. BOERSTLER, M. D., Lancaster, O. Being an extract from a letter to Prof. M. B. Wright, M. D.

I do not aim to add any thing new to the "etiology or pathology" of such *out-growths* from the uterine walls, but to impress upon the profession the fact, that surgical procedure is not only justifiable, but an imperative duty in such cases, even, when very unpromising aspects are present.

Nature can not cure, and "art" must be resorted to as the only chance to rescue such patients from premature death.

The surgical treatment of those out-growths from the "uterine walls" is of modern date, and was for a long period considered beyond the resources of art. The great advances in "physiology, chemistry, and the microscope," have enabled the surgeon to give us a correct pathology and proper diagnosis; thereby enabling us to adopt a rational procedure.

The invaluable "Prize Essay" on the surgical treatment of certain "Fibrous Tumors" by the highly gifted and accomplished physician Washington L. Atlee, M. D., of Philadelphia, has, in my judgment, contributed more to our knowledge and treatment of such cases, than any work I have had access to; and has furnished me the means of saving an invaluable life.

He is justly entitled to the motto: "*Palmam qui meruit ferat.*"

July 1st, I visited the wife of Dr. B., in consultation with Drs. Miner, Short, and Potter. We received the following history:

For about one year Mrs. B. felt a fullness, and slight prominence about the "fundus uteri,' and a little to the right—this slowly increased (though without pain) until the volume of the uterus was as large as at an eight months' pregnancy. The menstrual flow appeared at proper periods and usual quantity for the first five months, when it became hemorrhagic, and for the last three months the hemorrhage increased so much that the fearful drain left her blanched and prostrate, her respiration hurried, pulse 130 per minute, and the usual thrill of "anemia."

The touch revealed unusual heat in the vagina; the "os-tincas" fully dilated, and filled with a tongue-like process of the tumor. Advancing my exploration the hand was arrested two inches

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above the "os" by firm adhesions to the inner surface of the uterus, and around the entire tumor.

The grave question was presented, what can be done? Not to remove the tumor must soon be fatal to our patient. How to remove it perplexed us. Upon full consultation it was decided to attempt the removal.

The danger of the operation was fully declared to the patient; and she calmly expressed her willingness to submit.

Dr. B. put her under chloroform, and I proceeded to break up the adhesions with the fingers, but soon found bands too unyielding to my efforts; and I then resorted to a blunt-pointed "bistoury," guarding the edge with the index finger, and thus cautiously cutting the fibrous bands as near the surface of the tumor as possible; and proceeding slowly till the hand was partially benumbed by the uterine contractions, when I requested my friend Dr. Sotler to continue the operation, which he did with precaution and skill. We alternately relieved each other till we stripped the tumor from its adhesions to its base, in two hours and one quarter.

The efforts to separate it from its *out-growth* proving fruitless, I determined to throw an annealed wire around it, with a long double canula. I believed myself successful, for on drawing and fastening the wires, the instrument remained firm under proper traction. In forty-eight (48) hours it came loose; and was withdrawn by Dr. B. "It proved a failure." I received daily reports from Dr. B. and his medical advisers, as follows:

July 2d. Rigor at 11 o'clock last night, fever slight, abdomen distended and tender; complaints of great heat in genitals—no urination. At two (2) at night, threw off scalding urine; vaginal discharge, blood and water; offensive, bowels moved; gave opium.

July 3d. Abdomen as yesterday; also vaginal discharge; pulse one hundred and twenty (120); great thirst; urinated freely; continued opium.

July 4th. Increased fever, distension and tenderness of abdomen greater; pulse one hundred and twenty (120); urinated little, and painful, probably owing to descent of "tumor" filling up vagina under strong uterine contractions; discharge offensive, can not inject deodorizing agents, because "tumor" fills up the sheath; continued opium; ice freely to abdomen and vulva.

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July 5th. Less fever and tenderness; pulse one hundred and ten (110); uterine contractions strong and frequent; lower portion of tumor protruding through "vulva" during contractions. Dr. B. used prudent traction on "tumor," and finds it softening; two (2) gushes of colored fluid of two (2) pints during traction. Treatment as previous day.

July 6th. Increased fever and delirium, from eight (8) A. M. to three (3) P. M.; pulse one hundred and twenty (120); abdominal distension and tenderness increased; contractions strong, and propelling "tumor" three (3) to four (4) inches beyond vulva; vaginal discharge small, but offensive; can only urinate on pressing "tumor" off "uretha." Treatment, opium and calomel. Ice as previously. Patient takes iced milk freely.

July 7th. No fever; pulse one hundred and twenty (120), small and soft; uterine contractions strong; skin leaking. Treatment as day previous, with brandy.

July 8th. Condition of patient as yesterday. Treatment, opium and calomel; beef tea, with iced milk.

July 9th. Symptoms more favorable; pulse one hundred and eight (108); uterine contractions strong; tumor descending and softening. Treatment, less opium; takes beef tea freely.

July 10th. I visited patient, and met her medical attendants. A half hour before my arrival "tumor" was expelled under strong contractions of "uterus and tractile" force by Dr. B. From this day madam slowly improved, and by October was in fine health, and so continues.

REMARKS.

The "tumor" weighed six and one quarter (6¼) pounds, measured at its base five and a half (5½) inches from right to left; from base to apex eleven and a half (11½) inches. I sent it to my friend Prof. Salisbury of Cleveland, for microscopic examination, which he kindly gave me, viz:

"The microscope shows it to be a fibrous growth, scattered through among the connective fiber and connective tissue, cells, and granules."

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ART. IV.—*Diseases of Children.* By G. W. H. KEMPER, M. D., Muncie, Ind.

Through the whole course of study laid down for the medical student, he meets with no class of diseases, or branch of the profession, that he enters with more reluctance or misgivings, than he does upon the study and practice of diseases of children. Of course there are exceptions, but they are rare.

Few young men who graduate and leave our medical colleges for their various fields of practice, consider themselves competent to cope with this class of diseases. There are reasons for this. Most of our medical students are young men of limited means, and when they commence the study of medicine, are anxious to proceed rapidly through the course of study, and begin a practice as soon as possible. He tells his preceptor so, and his preceptor "puts him through," and ten chances to one but the dreaded work on diseases of children is delayed to the last—slighted often. He goes to some medical college, but here his mind is dazzled by "capital operations," or so called "interesting cases," forgetting, apparently, that those cases we meet with oftenest, are the most interesting, and therefore deserving of most attention. Our medical schools are not able to give it as much thought as it deserves. Most of them have a professor, whose duty it is to lecture upon obstetrics, diseases of women and children. These three are all important branches, but the two former occupy nearly all the teacher's time, and if any one has to be cut short, it is the last. With these ill preparations he begins a practice. He is the pilot to guide these little barks to the haven of health, and now he feels his want of knowledge on the subject. If he should happen, unfortunately, to form a partnership with some old physician, he may get along swimmingly for the time, but if this should be ended, or if he commence a practice alone, he soon finds that he has sadly neglected an important portion of his profession, is unequal to the task, his practice declining, and he feels disgraced, or what is worse, that he may have killed his little patient from sheer ignorance. This may be a highly drawn picture, but I fear it is too often realized.

Now, we contend that children's diseases are more easily understood and susceptible of treatment, than any other portion

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of the practice of medicine. True, the diagnosis is sometimes difficult, but is not this often the case in adults? In the very young patient we are deprived of the subjective signs, but we have a better opportunity of analyzing the objective, than we have in the adult. Another fact is that the objective signs in the child are more reliable than the objective signs in the adult. What physician has not been often misled when he placed too much confidence in the subjective signs? We have the expressions and color of the countenance and skin, gestures, peculiarities of sleep, respiration, breath, cry, tongue, evacuation, etc., etc. The observing physician can soon learn to form from these a correct diagnosis. The child's physician needs a large amount of patience and quick perception. In examining the child we are not compelled to violate any rules of seeming modesty, but can examine thoroughly from head to foot. The child is not a *malingerer*, or, in plainer terms, never lets on to be any sicker than it really is—it is just as sick as it appears, and no more nor less. How different often with the adult.

Every physician knows the intimate relation existing between the mind and body. Now, in the child we are rid of all those mental emotions which often aggravate disease in the adult—anxiety, cares of life, fear of death, etc., are all unknown to the infant, and their depressing effects are not felt.

The sexual system being undeveloped, what a train of diseases we can exclude when forming a diagnosis. Hysteria, with its protean forms never shows itself in the cradle. Uterine diseases are strangers, as are those imaginary aches and pains, the narration of which so often annoy the physician.

They are more easily influenced by most medicines, and if remedies are rightly applied, we may hope to see changes made for the better, sooner than in the adult.

My design in writing this article is to awaken in the minds of young physicians a love for this branch of our science, and not allow it to become the opprobrium of young physicians. It is a subject worthy of our attention and deep study, and the deeper we dive into it the easier it becomes, and the less gigantic its form assumes.

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ART. V.—*Ligature of the Femoral Artery.* BY B. F. DUVALL, M. D., Forks of Elkhorn, Franklin County, Kentucky.

I desire to report the following case of successful ligation of the right femoral artery, just under Poupart's ligament, so as to place it among the statistics of the ligature of this artery.

H. Smith, private Co. F, 21st Va. regiment rebel infantry, received, in the battle of the 19th of October, 1864, near Middleton, Va., a wound through the upper third of both thighs, and root of scrotum, wounding the epididymis of both testicles.

He came under my care October 21st, two days after being wounded, and was suffering comparatively but little pain from his injuries. The scrotum was much ecchymosed and swollen. The wounds in the thighs were but slightly inflamed, and there was but little tumefaction of the limbs. On the third day from the date of the injury, the wounds commenced suppurating healthily, with no indications of hemorrhage. The wound in the scrotum did not suppurate at all, healing by the first intention; the swelling and ecchymosis disappeared in ten days. Up to November 12th he continued to improve, the wound in the left thigh having almost entirely healed, as did the one in the right, excepting the point of exit on the internal side. In attempting to move him upon a litter for the purpose of transferring him to another hospital, profuse hemorrhage took place from the internal wound of the right thigh. On being called to the patient, I caused the artery to be compressed against the pubic bone by the thumb of an intelligent nurse, which controlled the hemorrhage perfectly. A longitudinal incision was made down to the bleeding vessel, following the track of the wound as a guide, which proved to be a a double femoral, the bifurcation taking place just under Poupart's ligament, the divisions running parallel for three or four inches before uniting. The arteria profunda was given off from the internal bifurcating branch, which was cut just above the profunda, so close to its margin as to preclude the idea of ligating the wounded branch. When the compression was removed, the blood flowed freely from both the distal and the cardiac ends of the wounded vessel. We then secured the main artery by ligature close under Poupart's ligament. The wound was closed in the usual way, and a fold of linen wet with cold water applied

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to it. He was then removed to the hospital, where he was comfortably put to bed.

My apprehensions for the success of this case were great; I knew that the main supply of blood to the limb was cut off, and the latter would have to depend upon the ischiatic artery for its support, which, in his prostrated condition from the loss of blood, would not, I feared, be adequate to perform this duty.

This operation took place sixteen days after the injury, and for several days thereafter there was some tumefaction of the parts, running in the direction of the absorbents and bloodvessels; but this soon began to subside, and in twelve days the ligature came away, the wound was suppurating healthily, and in ten days more the limb was almost of normal size.

I watched this case closely, and discovered but little diminution of temperature, not enough at least to require the addition of artificial heat. He continued to improve for six weeks, when he was sent North to prison, cured.

The treatment consisted of the simplest dressings. The constitution bore up well under the loss of blood, assisted by nutritious diet and stimulants.

ART. VI.—*Two cases of Cutaneous Discoloration caused by Oxide of Silver.* By D. H. McDONALD, M. D., Quincy, Ind.

From the statement made in the U. S. Dispensatory I was led some years ago to prescribe oxide of silver, and was so unfortunate as to discolor two of my patients with it. In reading the last edition I find that doubts are still entertained of its power to produce discoloration. For this reason I lay before the readers of your Journal the two following cases:

CASE 1. A. Johnson, æt 26, farmer, has been subject to epilepsy for several years. I prescribed the oxide of silver in one grain pills, to be taken one before each meal. He continued the use of the remedy until he had taken fifty grains, when, to my surprise, I discovered a notable discoloration of the surface. The drug was immediately abandoned. It had no appreciable effect as a curative agent.

CASE 2. N. J. Woldridge, æt 21, farmer's wife. Found her laboring under pyrosis, uterine leucorrhœa, and epilepsy. Or-

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dered the same prescription as in case first. The pyrosis was promptly relieved, the leucorrhœal discharge rapidly disappeared, but the epileptic symptoms remained unchanged, recurring every second or third dav. She had taken thirty grains of the oxide, when, to my intense mortification, cutaneous discoloration was manifest.

The discoloration grew deeper, day by day, until within a fortnight it was as intense as I ever witnessed.

Some three or four months after, the lady died of pernicious fever. Case 1, is yet a living witness of the power of the oxide to discolor the human cuticle. The discoloration in this case is not so deep, by probably a half, as is usually seen from the nitrate.

I prescribed the oxide in a case ef epilepsy prior to these, in which the patient took two grain pills thrice a day, until sixty grains were taken; and more recently, in a fourth case, until one hundred and twenty grains were taken, without any effect whatever.

ART. VII.—*Bronchocele Successfully Treated with Strychnia.* BY CHARLES MANN, M. D., Nicholasville, Ky.

Mrs. Mc. presented herself for treatment on the 24th of April, 1866. Says: She is troubled with great difficulty in breathing while asleep, caused by a swelling of the neck. Frequently in the night, jumps up in bed, feeling as if she would "suffocate." She is about thirty years old; mother of six children; nursing a babe six months old. Says this swelling began four years ago, but never troubled her much until within the last year. Both lobes of the thyroid gland are enlarged; the right is the larger. It is about the size of a turkey's egg. She has slight palpitation; a dry, husky cough; frequent pains in the chest, with soreness of the muscles on side of neck; sometimes buzzing in the ears; occasionally slightly hysterical. She has a pallid, anxious countenance, with considerable proptosis of both eyes. Menstruates regularly, although she is nursing. Bowels habitually constipated. Has been treated for one year by different physicians, but receives no benefit, and is now worse than ever before.

℞. Syr. iodid iron thriee daily, with ext. belladonna and iodine ointment applied freely to tumors.

May 1st.—No better; continue treatment.

May 13th.—But little change since last visit.

May 28th.—No better. ℞. Strychnia, gr. j; hydrochloric acid, ʒi; water ʒ vij. M. S., 10 drops thrice daily; gradually increase to 30.

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June 16.—Much improved. Tumor decreasing; sleeps better; menstruation ceased; bowels move once a day; stools healthy; eyes not so prominent; complexion better. Continue treatment.

June 29th.—Still improving. Very slight enlargement remaining.

July 29th.—Feels as well as ever she did. Has gained flesh. Gland natural in appearance. Discontinue treatment. She has remained in good health, and no return of goitre up to this date.

Dr. Murney has published in the *Dublin Hospital Gazette*, for 1860 (which is republished in the 42d number of Braithwaite), three cases of bronchocele, successfully treated by strychnia, which treatment he considers unique. So, if Dr. M. will read the medical journals of America, he may find another similar case to add to his list. I think Dr. M. takes a very rational view of this disease, when he says: "Hence I deduce that the most of our cases of bronchocele are the result of impaired innervation or a perverted action of the nervous functions," etc.

SELECTIONS.

We republish, from the London *Lancet*, December 8th, the charge of the Lord Chief Justice, in the celebrated libel trial of Hunter *v.* Sharpe.

The Lord Chief Justice then addressed the jury upon the case as follows:—Gentlemen, this is an important case, no doubt. It is important to the plaintiff; for on your verdict must mainly depend his professional position, and, what is more, his personal character as a member of society. For if a man is an imposter and a scoundrel his personal as well as his professional character must be irretrievably ruined. It is also of great importance to the defendant that if he has done what he might honestly do, and no more, the character of the plaintiff should not be rehabilitated at his expense. The case, again, is more or less important with reference to the system of advertisement pursued by the plaintiff, and the conduct of a public writer and his responsibility in writing upon public matters. And it is important, likewise, incidentally in this view, that you may have to consider how far the character of an honorable profession may be damaged by recourse to such a system of advertising as you may perhaps see reason to consider improper and unprofessional. There can be no doubt that the article —unless it can be justified or excused—is libelous. But it is in the pleas put upon the record we find the true nature of the contest between

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the parties. The defendant takes two grounds of defense: in the first place, he says that what he has published is true, and therefore justifiable; and he says, secondly, and this is well worthy of consideration, that even if he should fail in making out to the necessary extent the plea of justification, on the ground of the truth of the charges made, still that, looking at all the circumstances, the inferences he has drawn were such as a man might, when writing on such a subject with reasonable temper and moderation, have drawn, and that therefore, as the matter was one of public interest, concerning as it did the public health, the publication of the article was excused. Now, we will deal with each of these grounds of defense distinctly, and in their order. First, as to the question whether the defendant has established his plea of justification; in other words, whether the charges made in this article were substantially true. Here we must consider, in the first place, what is the real nature of the charge. The substance of the charge against the plaintiff seems to be this:—That he, dealing with one of the most fatal diseases known to mankind, with the intention of obtaining profit and emolument for himself, began by exciting unduly and wantonly the fears of those to whom his publications were addressed, and that he held out to them delusive hopes of recovery from the adoption of a particular remedy, with the view of inducing them to have recourse to it under his auspices, and thus put money into his own pocket. If this charge be true, one can scarcely conceive any thing worse. If it be true that the plaintiff has willfully put forward these false pretenses in order to delude patients and thus to make them, if not in person at all events in purse, his victims, then, strong as the language of the article undoubtedly is, it is not one whit too strong, for the man who could so act is an "impostor," and an impostor of the worst and very vilest character, and to designate him as a scoundrel and impostor, strong as the language undoubtedly is, can not be considered as at all an extreme way of describing such conduct. But, on the other hand, it is obvious that the more serious such conduct would be the more grievous would be the libel, if it should turn out to be unjustifiable and inexcusable. Now, let us see whether it is or not. Before doing so, however, it is necessary, in consequence of what has taken place, to call attention to other parts of the article which, it is insisted, give to the passages declared on the sense of reiterating the criminal charge. The passages forming the context of those declared upon were the following:—

"There is no need of the revelations of a police-court to show that the inhaling process means a process for working upon the fears of the

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ignorant, and for obtaining enormous fees. Men like these advertisers know well that there is one class of society which is specially open to their allurements, and at the same time supplies abundant dupes in such circumstances as to make them quite worth the expense of entrapping. Ladies and gentlemen, and the more wealthy and comfortable class of tradesmen, have, as a rule, their regular family doctors. They dislike doctors' bills as much as any other bills, and it is sometimes hard enough to pay them. But still, until we go further down in the social scale, every man has his own doctor. Then comes an immensely numerous class, whose real education is not much above that of the actual poor, and whose experience of life is confined to a narrow range. These are the men and women who are the destined victims of the advertising doctors. They read about mucous membranes, carbonaceous blood, and tubercular deposits, and are impressed with the genius of the gentleman who can thus easily make them familiar with the profoundest secrets of science. If they have any thing really the matter with them, their disagreeable sensations are at once intensified; if they have nothing more than a cold in the head or a tightness in the chest, produced by over-indulgence at supper, Dr. Hunter's catalogue of terrific symptoms suggests a mysterious signification to their pains. And when at last the advertisement recommends them to 'put their worldly affairs in order, and withdraw their minds from all earthly ties,' for they have only 'a few short months of life' before them—i. e., unless they consult Dr. Hunter, what else remains but to go the next morning to see the pious, learned, and benevolent physician, residing in that highly respectable part of London, Upper Seymour-street, Portman-square? For he is a real physician, they see, being entitled to call himself M.D., not knowing in their simplicity how degrees are, or were, sold, or rather given away, in Scotland, and how agents still advertise in London that they can get anybody any sort of degree in Germany. Once in the toils of the physician's 'consulting room' the rest is clear. A man must be a sorry practitioner, indeed, if he can not work upon the terrors of a foolish woman, especially if she is really ill, and so keep up the game of questioning, and examining, and physicking, until the poor victim's purse will bleed no more. Howsoever considered, the Merrick-Hunter story is a fresh illustration of the utterly unsatisfactory state of the law in the matter of these abominable advertisements. The sufferance of these lures for the unwary is a thing that ought not to be longer endured. It is obviously most dangerous for persons who know nothing of medicine or physiology to habituate themselves to the study of medical books even

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of the purely professional kind. As it is, a knowledge of the human frame, of the laws of health, and the symptoms of common disease is no part of a gentleman's or a lady's education. The ignorance of well-educated men and women in matters which it is of the utmost practical moment that they should understand is often amazing. Consequently, they frighten themselves out of their senses when chance puts in their way such publications, for instance, as Dr. Forbes Winslow's book on mental diseases. Symptoms which prove nothing but the existence of over-fatigue of the nervous system, and which call only for less work, more air, and quiet amusement, and, perhaps, an extra glass or two of good wine, are mistaken for indications of actual brain disease, and thus tend to produce the effect which has been mistaken for their cause. If such is the case with cultivated minds and recognized medical treatises, what must be the effect of these advertised abominations on the ignorant, the silly, and the vulgar?" Now, it is said, that taking the whole of the article together the passages declared upon by their reference to the "police court," convey the imputation against the plaintiff that he was guilty of the charge made by Mrs. Merrick, or that he was guilty of malpractice in his profession. Now, undoubtedly, if the passages declared on are calculated to convey those imputations, the plaintiff is entitled to a verdict as far as regards those parts of the libel, for no evidence has been given against him either upon the charge of Mrs. Merrick or upon the charge of malpractice. If, therefore, you think that the libel conveys those imputations, the plaintiff is entitled to a verdict. But if, taking the whole of it, you think that there was merely a reference to the case at the police court with the view of making, not the charge itself, but the fact that it was preferred the occasion of introducing comments on the course of advertising pursued by the plaintiff, then it would be otherwise. The main question, at all events, does not turn on this matter. It may enable the plaintiff to get a verdict; but I can hardly suppose that if these two passages had stood alone this action would have been brought. The main question is this—Is Dr. Hunter's system one which he has propounded to the public as an honest medical writer or practitioner, for the purpose of enlightening the profession or benefiting the public? Or is it a system of quackery, delusion, and dishonesty, put forward—no matter at what cost to the victims of his delusion—for the purpose of putting money into his own pocket? Now, upon this question very much must necessarily depend upon the character of the plaintiff's books, and let me see in what shape I can best put before you its substance and its spirit, so as to do justice to the system it propounds. The plaintiff

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comes forward professing to understand what others have not yet understood—the true nature of consumption; and professing also to have discovered what the medical profession had, he says, abandoned—the hope of curing a disease which they regarded as incurable; professing to have discovered a means whereby in its incipient stage it may be at once arrested, and in its more advanced stage mitigated and subdued. And by way of introducing his treatment, and showing that it must be efficacious, he enters into what he considers the causes of consumption. He says that, although it has been the fashion to teach that consumption is the consequence of hereditary taint, such is an utter fallacy, and the true and only cause of it is imperfect respiration, arising from the accumulation of carbonaceous matter in the blood, and thence in the lungs. In a word, that tubercle is carbon, and carbon substantially the cause of tubercle. Thus he arrives at the conclusion that there must, be an artificial inhalation of oxygen to disperse the carbon. The medical profession, he represents, know nothing of all this, and treat phthisis by remedies administered through the stomach; and that this is an entire delusion, that the remedies so given have really no effect, but that if oxygen is inhaled into the lungs by means of an inhaling process, the carbonaceous matter is got rid of and dispersed. Now, if all this were true, there could hardly be a greater discovery. But we are told upon high scientific authority that all this is purely delusive; that it is not true that imperfect respiration is the cause of consumption, and that this, which is the foundation of his whole system, entirely fails; that he is deluding people when he says that imperfect respiration alone is the cause of consumption, and that there must be an hereditary taint, or some constitutional cause of that scrofulous habit in the body in which consumption has its source. They say, moreover, that he is deluding himself, or the public, when he says that tubercle is carbon; and that even if it were so, the manner in which he proposes to get rid of it is equally delusive, so that his whole system is an entire delusion. But it does not stop there. They say that even assuming that the plaintiff was right in his idea that the disease is carbon and the cure oxygen, when he comes to the practical application of his system it is as fallacious as its theory; that when he speaks of inhaling oxygen—as the act of artificial inhalation is one which can only be carried on for a limited period, it can have but a very limited effect; that, if you consider the quantity of air, and therefore of oxygen, inhaled at every breath we draw, the quantity is so large that even assuming the respiratory organs in some degree to be obstructed there would still be a very large excess beyond what is absolutely necessary; and that in

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comparison with this the quantity which could be artificially introduced by any process of inhalation would be so infinitesimally small that it could have no sensible or practical effect. And, according to the evidence of Dr. Odling (who dealt with the chemistry of the case), the amount of oxygen which would be taken in by inhalation would not be one per cent. of what a person would draw in by natural breathing. Therefore, they say that it is a delusion to suppose that the process would be of any practical use; and further, it is said that, even assuming that if the plaintiff could get the oxygen into the lungs in this way it would be of any use, he can not get it there; that he acknowledges that he does not give the oxygen pure as a gas, but in combination with other matters, and that this combination must be broken before the gas can be evolved so as to pass into the system; that oxygen acts only as a gas, and that, until it is separated from other substances with which it is combined, it can not enter into the lungs, so as to effect its object. He proposes to use chloric acid. Either it is used alone or in combination with other substances. If alone, then it must be heated so as to give forth oxygen, and then it will be combined with chlorine, which is a powerful irritant to the lungs; or, if the acid is diluted, then the quantity of oxygen evolved will be so minute as to be useless. And if the acid is used (as the plaintiff says it is) with other substances, especially in the form of tinctures, which contain alcohol (for which oxygen has an affinity) then the oxygen will be absorbed. So that even if the plaintiff's theory were as sound as it is said to be fallacioius his practical application of it would be entirely delusive. Such is the evidence given by some of the most eminent medical men of the day, and by one of the most acute and intelligent professors of chemistry it has ever been my good fortune to listen to. And probably after hearing that evidence you would consider the success of Dr. Hunter's system, to say the least, exceedingly problematical. And if, indeed, in that system is the only hope for that large proportion of mankind who, according to him, are under the ban of this terrible disease, probably you would consider that hope to be faint indeed. (A laugh.) But it does not follow that because his theory is unfounded that therefore the article is justified. Undoubtedly, when a man puts forward such views he challenges criticism; and any one who differs from him, and deems his system delusive, ought to denounce it with unsparing severity; but he has not a right to impute motives unless there is something to justify or excuse that part of the imputation. And in order to ascertain how far the defendant is justified in impugning the plaintiff's motives in this matter, it is necessary to look more closely into the character of his

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work. It is said that not only is his whole system delusive, but that he has put it forward fraudulently, and by fraudulent means and artifices. It is said that he begins with great dexterity by playing upon the fears of those to whom he is addressing himself, dwelling upon the terrible and fatal character of consumption, and that this is done to work upon the fears of his readers. I am not sure that this is necessarily the fair way of putting it—it may have been done with that object, but I can understand that a person deeply impressed with the importance of the subject, and writing a work upon it, might at the outset, with a view of interesting and impressing his readers, dwell upon the fatal character of the disease. But then it is said that he goes on to excite the fears of his readers, with a view to drive them to become his patients. He tells them that every cold, if it becomes chronic, is capable of causing consumption, which will be fatal. Now, as most of us catch colds every winter, this is somewhat startling. And evidence is given with a view to show that all this is not only untrue, but so untrue that no medical man could really have believed it. It is said that the evident object is to induce every nervous, timid person, who may find himself laboring under any of these affections, to imagine that from such trifling ailments may arise such a dire disease, the end of which may be fatal. This is so grossly erroneous that no medical man could have believed it, so that the only object must have been to frighten people and work upon their fears, so as to lead them to suppose that they have no safety but in a particular remedy, to be sought for in no hands but his. And if you come to that conclusion, then it goes a long way to show you, not only that the plaintiff's whole system of treatment is delusive, but that in putting it forth he had the sinister design of exciting, first, exaggerated fears, and then exaggerated hopes, with the view of putting money in his pocket. And if so, then it will be for you to say whether the article which describes him as a scoundrel and an impostor is at all too strong. And there are some passages in the book to which I must really draw attention, with the view of judging as to the honesty or dishonesty of its publication. I find it in such passages as these: "Catarrh is the first step toward consumption. Chronic catarrh of the nose, if not arrested, will assuredly go on to the destruction of the bones of the nose, and may end fatally." Rather an alarming prospect for any one who has a cold in his nose. (A laugh!) Then, as to sore throat, if dealt with under the ordinary system, we are told that "it proceeds slowly, but surely, toward the lungs, and the unfortunate patient soon learns how short is the step from sore throat to confirmed consumption." That may have been

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honestly written, but it is certainly calculated to excite an alarm to be told that if any one has a sore throat, and it is dealt with by his ordinary medical attendant, it will terminate fatally!

[*Conclusion in next number.*]

Practical Observations on Diphtheria. By W. Newman, M. D., Lond.

The growing tendency of medicine in the present day would seem to be the recognition of general constitutional disturbance as the cause and factor of definite local changes, in place of the older creed, which treated with little of doubt or cavil, as special entities, local conditions, yet owning a common origin. Hence the acknowledgment of diseases as due to alterations in the circulating fluid itself; and as one in the now long catalogue of blood disorders I would wish to consider and to write of Diphtheria, a disease manifesting local distinctive characters, yet general from its earliest commencement.

The analogies of the affection might lead to the impression (by some authors indeed advanced) that it was an exanthem: yet though with scarlet fever, for example, certain similarities may be traced, there are many more points of well marked divergence, notably in some such directions as: That an attack of scarlatina confers on the patient no immunity from subsequent diphtheritic seizure and vice versa, no particular skin rash of definite onset and duration is noted in diphtheria, though a roseolous efflorescence may occur for some few hours, not followed by desquamation. The throat and fauces are implicated in both diseases, yet the ulceration and tissue destruction of the scarlatinous affection have little in common with the exudation of lymph characteristic of the other disease. Again, too, the one has sequelæ, indicative of intense nervous implication, while the former induces, by a somewhat less evident link, mischief either about the chest or the kidney.

I believe it more accurate and more wise to look on diphtheria as a disease in which some morbid material is received into the blood—the system as a whole sympathizing subsequently more or less severely, and the further progress being marked by the exudation of lymph about the mucous membrane lining the throat, pharynx and upper part of the air passages, while the general skin, especially if denuded of its epidermal layer, may show the same state. Yet to speak of the affection as if this local state were the constant or necessary attendant, or as if from the physical changes about the throat the constitutional disturbance were afteward evolved, I hold to be incorrect in observation and untrue in theory; for the sufferers, too, a belief fraught with possible

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serious mischief if it, by logical deduction, lead the practitioner to deal with the tangible mischief, instead of addressing himself to the whole systematic depression.

I can not substantiate by aid of statistical tables the impressions which I have derived from a fairly large experience of the disease in question; the statements put forward as to its characters and treatment must be accepted as personal deductions, and claim only that weight which may reasonably be asked for the honest declarations of a single observer.

Isolated cases of the disease are not unfrequently met with—more commonly an epidemic seems to sweep through a village or district; any single case, however slight in its symptoms, may prove a focus for spreading the affection. Whether the resulting attack be severe or trivial, seems to depend more on the exact health standard and general vigor of the recipient, rather than on the conditions of the primary source.

In this point of view, experience teaches that children suffer most, and the younger the patient the less chance of recovery. Direct contact with an invalid is not necessary to the inducing diphtheritic mischief, but the breathing a tainted atmosphere, or close dealing with the secretions poured out from the affected surfaces, may readily determine its transmission.

I believe that the poison may be handed on to others by the wearing clothes on which expectorated matters have remained, and that this, from poverty and carelessness, is by no means uncommon with the poorer classes.

Defective hygienic conditions do not seem to develop these disorders, yet I have no question but that they intensify their virulence, and, most probably, by the indirect mode of diminishing the normal vigor of the residents; thus, in one block of cottages isolated, sadly deficient in space, air, and water supply, and abominably dirty, nearly two thirds of the cases attacked died—a far larger proportion than that furnished by the rest of the district; and in those, too, who lived through the active stage the sequelæ were well marked, and recovery very tedious.

As a rule, the period of incubation seems to be short, most so when the exposure to the toxic influences has been very complete. In no case that I have been able to watch has the time appeared to exceed seven or eight days; most frequently it has been two or three only.

Systematic writers have with reason marked out different forms and stages of this disease; but however well such divisions may answer the

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purpose of pointing a moral to a class of students, or of defining sharply the indications for one or other special plan of treatment, there is yet the same substratum, the essential part of the disease is alike throughout, varied as its after appearances may be from local changes or constitutional peculiarities.

Adopting the most usual classification of diptheritic affections, I would refer to them as simple or malignant, grouping the laryngeal form under the first named, and the nasal complication under the last division.

Simple Diphtheria.—The early symptoms are most frequently severe; burning skin, pain in the limbs, and malaise, usher in the attack, with usually but a brief prelude of shivering. Not unfrequently the sudden invasion of illness has led me to expect the after development of diphtheric exudation, an impression verified by the result.

A common local occurrence is that of œdematous infiltration of the mucous membrane of the uvula and tonsils; the uvula becomes thickened, glistening, and lies helpless on the tongue; swallowing is thus difficult, and the voice is altered from its natural tone. Or again, there may be no special œdema of the lining membrane, and then exudation of lpmph is more speedily noted, and there is more complaint of soreness about the throat generally.

In either case the uvula, palate, or fauces, soon exhibit one or more spots of lymph deposit, which may remain distinct deposits, or are covered with a whitish film of more uniform thickness. The surrounding mucous membrane is intensely injected, and when a few hours have gone by, the punctated spots will be seen to have become larger and to have coalesced, or the general filmy coating will have increased in thickness and extent.

Many of the simple cases hardly exhibit so much of local change. The effused lymph soon clears away, and the throat resumes a fairly natural appearance. Yet much more actual debility will be found to result than the precursory symptoms would have seemed likely to warrant, and this perhaps also will be followed by conditions of disturbed innervation.

More serious cases, still simple in character, are to be noted. The exudation tends to increase in extent and cohesiveness, so forming a complete pellicle, which may often be stripped off with forceps, then leaving bare the mucous membrane, either raw and bleeding, or but little altered from its ordinary state. The pellicle is in such cases usually distinctly fibrinous to microscopic examination, while in a different state of system, or more serious form of the disease, it is found

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to be more friable, less adherent, and corpuscular in its intimate structure.

The duration of this form of the disease is from a week to ten days in the milder forms; from fourteen days to three weeks where there is more local mischief.

There are, too, cases seen in practice, where diphtheric poison seems to seize on a patient without producing local manifestation, or at the utmost, the throat may be somewhat sore, and the fauces be found to exhibit a trace of redness, without lymph deposit. Subsequent marks of depressed health and nervous disturbance are to be met with.

Such instances seem to happen in the same house with, or in the vicinity of, already existing cases; and, probably, like the masked form of scarlatina, owe their being to a partial implanting of the poison in an uncongenial soil, the constitution sympathizing more or less, although the customary local changes do not appear.

Nor can such instances be treated as of light moment. In 1860, I was asked to see a lad about fifteen years of age, who was living with and working for a baker. He had been in contact with some diphtheric cases, and was weak and prostrate, but there was no pellicle about the throat, nor any thing more than a general redness of the fauces. The depression and rapid pulse were the only symptoms of serious moment.

The master wished me to sanction his immediate removal home, a distance of fourteen miles; but this I declined to do, and spoke plainly of the risk the lad would run. The next day, however, the fifth day of his illness, the father took him home in a covered cart. The patient was very much exhausted at the end of the journey, and died very soon afterward, no change in symptoms having occurred.

On these comparatively simple cases it would seem as a rule that the laryngeal complication supervenes—usually, too, but a few days from the first declaration of illness. So that, in any given case, if the patient have been suffering for eight or ten days, the probability of the downward extension of the exudation of the air passages is very much lessened.

Where this complication does occur, the earliest symptom seems to be a little, husky, dry cough, with alteration in the voice; no special renewal of febrile disturbance; then follows whistling inspiration, with metallic, croupy cough, and the ordinary sequence of symptoms which point unmistakably to narrowing the channel of the air passages. In by far the great majority of these cases, death closes the scene in a comparatively short time.

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Malignant Diphtheria sometimes commences thus:—A child is noticed to be more still than usual, to have some pallor of the face, loss of appetite, and restlessness.

Close inquiry elicits no history of sore throat, but the tonsils have fragments of deposit upon them, and the submaxillary glands are slightly swollen; very soon the pulse becomes excessively rapid, the local conditions of the throat suddenly change for the worse, and the child sinks into a hopeless state of exhaustion.

Again the malignant form may supervene on symptoms which have been for several days of the ordinary simple kind; or, lastly, it may be well marked from the very first, and manifest very serious conditions without any premonitory illness.

The duration of inflammatory or feverish symptoms is very short. The local exudation is produced with great rapidity; less firm, less closely attached to the subjacent textures than in the simple form, and under the microscope presents corpuscular appearances. Local, and even severe, hæmorrhages may occur, staining the coriaceous material deposited on the mucous membrane of the fauces, and adding materially to the weakness and discomfort of the patient. Not unfrequently ulceration of the exposed mucous membrane may be noted, and the destructive process, so commencing, may run on into actual sloughing of the deeper tissues. Hence much of the fœtor which attends on the later stages, and also certain stages of the general system, which are probably due to absorption of the putrilage from the decomposing surface. When these are noticed, analagous somewhat in their characters to surgical pyæmia, there is practically no hope left for the sufferer.

Published opinions vary much on the value which should be attributed to the coincident appearance of engagement and infiltration of the glands below the jaw. I confess that I have been led to look on early and marked swelling of these structures as a symptom of impending malignancy of type; and in this view I have rarely been deceived. A certain amount of enlargement may in the most simple cases be met with, and is in them of little practical moment; but when the glands become considerably swollen, and with great rapidity, I think the prognosis should, from this fact alone, be a very guarded one.

The supervention of laryngeal implication on this sceptic form of diphtheria is, I believe, very rare; the breathing may be oppressed, and more or less cough and dyspnœa be present, but the fatal termination is due to asthenia, not to apnœa.

On the other hand, the invasion of the nasal mucous membrane should be looked on as a variety of the malignant type.

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The first warning of the extension is the appearance of mucous discharge from the nostrils, which reddens and excoriates the nasal orifices and the upper lip; then swelling, and the characteristic exudation, followed very speedily by oozing of blood from the much injected mucous membrane. Remedial agencies have appeared of very little service, probably in part from the extreme difficulty of dealing with the affected surfaces. The great majority of such cases that I have seen have terminated fatally, two of them by profuse and frequently recurring loss of blood.

The foregoing pages take little cognizance of any thing other than the tangible characters of diphtheric affections, yet one symptom, on which much stress has at times been laid, demands a passing remark. I refer to the occurrence of albuminous urine. Some nine years ago, in a number of consecutive cases, I examined the urine day by day; in the majority there was evidence of the presence of albumen, but I was not able then or since to link its appearance with any special tendencies or peculiar virulence of the attack. In several of the worst cases it was not to be found, while in some less severe the urine contained albumen continuously and for some time. I have rather looked upon its existence as a comparative accident, often but of short duration, and not of material import; owing its being, too, far more to the vitiated condition of the blood than to any implication of the structure of the kidney.

The natural history of the class of diphtheric affections does not end with the outbreak and its subsidence, for certain well marked sequelæ are commonly met with. After an interval of apparent progress to convalescence, these consequences usually declare themselves and are to be referred to disordered innervation—varying from defective controlling power over some one or more sets of muscles, to a more or less completely defined paralysis. Nerves of motion and sensation appear almost equally susceptible of the benumbing influence of the poison of diphtheria, though the former have seemed sometimes most affected.

The whole spinal system may be implicated, and the extremities lose for a time much of their power, or the condition may be that of almost complete paraplegia, the arms remaining unaffected.

Special nerves suffer—notably those nearest to the original seat of the local manifestations—thus, very commonly, the voice becomes husky, swallowing is not accomplished without difficulty, and fluids are apt to return through the nose. The velum palati hangs loose and flaccid, has lost much of its sensibility, and fulfills none of its purposes as a muscular curtain. So, too, I have twice seen the portio dura affected,

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and in one case the external rectus of the eyeball was paralyzed. Vision may be defective, the eyes easily wearied, and objects after a short time are blurred and indistinct—a state of things due to defective innervation, relieved by the use of convex glasses, and ultimately disappearing as physical health is restored.

Another fairly well marked class of cases must be referred to loss of power about the "vagus," as evidenced by slowness and feebleness of heart beat, slow and infrequent respiration, and failure of digestive power.

Recovery is often tedious, yet has commonly happened. Those cases where the spinal cord is involved are of most grave future.

[*Conclusion in next number.*]

Boils and Carbuncles. By Tilbury Fox, M. D., London, Physician to St. John's Hospital for Skin Diseases.

The points involved in Mr. Startin's letter are of so much pathological interest, that I hope I may be allowed space for a few comments. Mr. Startin's therapeutical experience is entitled to the profoundest respect; but the explanation which he has given of the cause of boils and carbuncles is scarcely that which *modern* pathological observations would seem to indicate. Unfortunately empiricism of the rankest and most tyrannical kind has held its sway for many a long day over cutaneous medicine; and no one (since Carswell's day) specially conversant with the facts of general pathology has thought it worth while to study the subject; yet, unquestionably, the philosophical study of skin diseases is pregnant with results of great general significance, and the case of carbuncle is fully illustrative of this fact.

Mr. Startin views boils and carbuncles as having "frequently or constantly a parasitic origin;" and he bases his belief upon the facts (1): that they are sometimes contagious; and (2), the success and efficiency of the practice in the cure of these ailments, rather than on microscopic verification: in other words, on the occurrence of *occasional contagion*, and the *beneficial action of acid nitrate of mercury*. One word will suffice in reference to the second argument. Acid nitrate of mercury, in virtue of its *caustic* properties, removes a host of ills, lupus, acne, warts, cancerous masses, and other diseased structures the most dissimilar. Are they then parasitic? Mr. Startin's chief ground for his belief in the parasitic nature of boils and carbuncles is the occurrence of contagion. This, however, is only occasional; and considering the absence of all relative proportion between the amount and kind of the local

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diseased action and that observed in parasitic maladies; the absence of parasitic growths in the vast majority of cases; the fact that fungi will but very scantily develope in purulent fluids; the absence of any aperture by which the fungus germs could enter from without into the cellular tissue; the non-access of air, and the want of relation between the amount of tissue change and that of the fungus when present—the unlikeliness of its parasitic nature is evident. And, if we seek among the parasitic diseases of animals, of human beings, or of plants, we shall not find any analogical grounds (nay, just the contrary) upon which to rest such a belief. Again, the constitutional conditions anteceding, accompanying and following the local changes, in relative proportion to the extent and character of the latter, are not seen in any parasitic disease. The occasional presence of vegetable parasites is common to all diseases. Parasites are essentially ubiquitous, and they may be found in almost all skin diseases; it is only when they *luxuriate*, that they give rise to *special* mischief. It is, unfortunately, fashionable to ascribe too many diseases to the influence of parasites.

How, then, explain the contagion of boils? for they seem to be occasionally contagious. What mean we by contagion? The labors of all pathologists seem to show that it is essentially connected with the growth of living particles of matter, detached from living bodies and carried to others, of course, under favoring circumstances. Occurrences of the kind are universal in the vegetable kingdom, and there seems no reason why animal cells should not be transplanted and grow as well when isolated as in masses; and they do so. The cells in the secretion from a leprous sore, from Egyptian ophthalmia or the mucous surface of a rinderpest cow, cancer cells, the pus cells of syphilis and of small-pox, and, from recent observation it seems likely, tuberculous cell matter, all possess this faculty; and, to take another example, in the case of molluscum, the cells found in the little "varioliform" tumors are the means by which, being transplanted from person to person, the occasional contagion of molluscum is to be explained. One feature that is necessary in all these cases is the presence of free proliferation on the part of the cell growth, and an adapted state of nutritive fluid (blood). In the active and early stage of boils, the cells of the enlargement may, no doubt, be removed from one body to another, and, growing under favorable circumstances, reproduce the original disease? Why not? What law would this contradict? Dr. Laycock's cases of contagious furunculoid are explicable upon the same ground.

Contagion is scarcely a distinctive feature of any one disease: the

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degree of contagion no doubt is. If it were possible to transplant an alphos scale, and it were to grow and produce alphos on a second subject, there would be no great mystery in it; it would harmonize (though an unusal occurrence) with true pathological facts, and be contagion in one sense of the word. There is nothing improbable, but probable, to say the least, in the supposition that the cell-growth in a boil may be the means by which the disease is rendered "contagious." In carbuncle, there is a good deal of superadded inflammation, and a tendency to gangrenous change, which, implying a tendency to the death of the cell tissues, is accompanied by a very much less likelihood of contagion.

But what is the pathology of boils and carbuncles? We may assume that in kind it is the same; the difference between the two diseases is dependent upon (1) variations in the vigor of the constitution, (2) the state of the nutritive fluid (the blood), and (3) the activity of the local tissues. In the central part of boils and carbuncles are one or more pieces of dead tissue, sloughs, or cores. How is the tissue killed?—by arrest of the circulation, or failure of nutrition? What has been noted about the blood? Three very important sets of facts: 1, bacteridia oftentimes in great amount; 2, excess of urea in the urine, and uric acid in the blood; 3, diabetes. Bacteridia, however, seems to be developed only secondarily, and to be unable *per se* to produce furuncle. The excess of urea and uric acid can scarcely be said to be the cause of carbuncle and boils; and we come to the third condition, noticed by Cheselden, Prout, Latham, Landouzy, Marchal de Calvi, and others—viz., a tendency to, or actual diabetes. Dr. Wagner has given details of fifty-two cases of gangrenous inflammation, including carbuncles and furuncles, in which a diabetic condition existed; and M. de Calvi has confirmed Wagner's observations. My own observations on this point are small; but I am convinced that, if we would clearly understand the true pathology of carbuncle, we must carefully investigate the matter in connection with the production of sugar in the system. The existence of a diabetic habit explains satisfactorily the fatality of carbuncular disease, and the serious constitutional disturbance. Nothing is more common than for carbuncles to arise in the course of diabetes; and it will be remembered that Cardinal Wiseman suffered for no less than four years before his death with carbuncles. More recently, Dr. Fonseca, of Pernambuco, has investigated the subject; and he tells us that in Pernambuco, anthrax is very common, and that one of its forms is regarded as diagnostic of diabetes. Küchenmeister, Menestrel, and Jordão, of Lisbon, have also given similar evidence.

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And at this point Mr. Startin's therapeutical experience comes in to confirm the theory I have briefly sketched. He finds successful treatment in the use of *aperients*, *animal* diet, *tonics*, and free stimulation without malt liquors. The avoidance of all saccharine and amylaçeous matter is an essential point; but I venture to affirm that, of all drugs, opium, judiciously used, is the most important. Clinically, I know that it has cured, and does help to cure, carbuncular inflammation, when other things fail; and therefore, if we add to Mr. Startin's recommendations the use of opium, we shall be in possession of a plan of treatment which is not only empirically dictated by the largest experience, but consonant with the most recent truths which pathology has taught us. The acid nitrate of mercury acts well, of course, as a *caustic*.

There are many other points—the origin of the local mischief especially—that I would like to notice; but I have only attempted to indicate that there is a much truer explanation than the "parasitic" hypothesis as to the cause of carbuncle, involving very wide pathological considerations. Skin diseases have been so long handled from a *surgical*, that it is a novelty indeed for any one to investigate them from a purely *medical* point of view, and to trace connection between them and such a profoundly subtle disease as diabetes; but I again reiterate the remark I have elsewhere made, that "the physician must be possessed of all that general medicine can teach before he can become the successful dermatologist."—*Brit. Medical Journal.*

Spina Bifida.

Dr. Koehler presented a specimen of spina bifida which he removed from a male child, who died twelve hours after birth. The labor of the mother was an irregular one, the child being born by a breech presentation. It was well developed, except in the lower extremities, which were greatly atrophied from the knees downward. The deficiency in the development of the spine was confined to the lumbar region, and involved the nerves of that part. The sac was ruptured at the time of birth, and death was doubtless occasioned by paralysis of the internal tract.

Dr. Post remarked that the specimen was an interesting one, as showing the spinal nerves involved in the sac. The fact was of special importance in reference to one of the plans of treatment proposed for this affection, viz.: exsection of a portion of the sac. In a case like this, exsection would, of course, involve the destruction of these nerves. He supposed that death was occasioned by the extensive opening of the cerebro-spinal canal, and the consequent exhaustion arising from the sudden escape of the cerebro-spinal fluid.—[*Proceedings of N. Y. Pathological Society—N. Y. Med. Journal.*

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MISCELLANY.

Public Executions.—Epilepsy. By J. C. Reeve, M. D., Dayton, O.

The connection between public executions and epilepsy is not very close or striking, yet we find the two subjects presented together, with some features of professional interest, in a late publication, and we glean from its pages a few paragraphs for the benefit of our readers. We allude to J. Ross Browne's "American Family in Germany," a sketchy, interesting, and very readable book of travel, by an author who is too well known to need any introduction or commendation from us.

Criminals are executed in Germany by the headsman, that dread figure of the romances of the middle ages. They are seated in a chair to which they are bound, then—we continue the narrative in the words of the author:

"When all was secure, a bandage was tied over his eyes, and a leather strap fastened under his chin, extending upward over his head. The assistant executioner, a man of gigantic strength, stood by to hold up the head by this strap. He stood about two feet from the chair, and held the strap at arm's length. The headsman, a noted executioner from Hanover, aged sixty-eight years, stood by giving directions. As soon as all was ready he stood back, threw off his cloak, and drew a large straight sword, about three feet long, and evidently of very massive steel, and sharp as a razor. He stepped forward, altered the position of his assistant's arm, which was a little too low, then drew the sword within an inch or two of the criminal's neck very slowly and cautiously, as if to get the exact range of the necessary sweep. * * Holding the sword thus a single moment, not more than a foot from the neck, the headsman then, by a sudden hacking cut, severed the vertebræ. He next drew his weapon cautiously through the muscular mass that remained, as a butcher would draw his knife through a piece of flesh. It was done in an instant."

This would not have received any notice from us but from the

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singular fact that the author takes occasion to exclaim against the barbarity, and especially to object to it on account of its uncertainty. Lauding his own country at every opportunity, and contrasting it with Germany to the great disadvantage of the latter, he forgets that they yet practice one of the most barbarous and the most uncertain modes of taking the life of criminals. As we read his strictures upon the headsman with his sword we could not, for the life of us, banish from our mind a scene which occurred in one of our neighbor cities not many months ago. A poor criminal was launched from the drop, as he supposed into eternity, yet the rope broke! In a moment he was on the ground, gasping for breath, his neck lacerated, the blood streaming from his mouth and nose, and as soon as the poor fellow could recover breath he prayed, with an imploring look, "Please, gentlemen, don't let that happen any more!!" Could any thing be more barbarous, more outrageous to every sentiment of humanity than such a scene? It ill becomes us to find fault with other countries while pursuing a course liable to occasion such scenes, and one object we have in view is to call attention to the desirability and necessity of throwing our influence as a profession, in favor of a more humane mode of public execution. "*They manage these things better in France.*"

It will be seen by the following that occasionally a member of our profession brings his anatomical knowledge into service for the public benefit:

"I have already mentioned that the office of headsman has been freed by law from all taint of dishonor. The headsman is now regarded as a reputable member of the community, and associates with his fellow-citizens on terms of perfect equality. The late Dr. H., of Frankfort, who was government headsman, was a gentleman of superior education, a skillful surgeon, and much esteemed for his urbanity and kiudness in private life. In former times whoever entered the house of the headsman, or touched his hand, was dishonored and avoided as a leper. One reason for this was that none but criminals guilty of some barbarous offense were appointed to the office. Being for the most part ignorant men, unskilled in anatomy, they very often made a bungling business of their occupation, and created fearful riots

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by mutilating the victims whose heads they attempted to cut off. An instance is related of one headsman who made seven strokes of the sword, cutting the face, neck, and shoulders of the condemned man in the most horrible manner before he could succeed in severing the neck. * * * A case is related of Dr. H., showing the estimate in which his skill was held in this respect. A hunchback was condemned to death in one of the other states. The headsman of the district, upon examining the man's neck, which was very short and deeply set between the shoulders, refused to undertake the task of decapitation and pronounced it impossible. Others were sent for from the neighboring states, but they all declined making the attempt, and united in the opinion that it would be impracticable to effect it without cutting away a portion of the shoulder or skin. Dr. H. was sent for. After making a careful examination he said there was no serious difficulty about it. All it required was a curved motion of the sword. He undertook the task, and succeeded at one blow, by a scooping sweep of the sword, in taking off the head. This gentleman's family move in the best society in Frankfort, and are much esteemed."

So much for executions; now for the epilepsy:

"I have now to record what would seem incredible in this nineteenth century, and in a civilized country. Standing near the scaffold, in close proximity to the criminal, within the guard of soldiers, were six or eight men from the mass of the people, said to be afflicted with epilepsy. The moment the head was off these men rushed to the body with tumblers in their hands, caught the blood as it spouted warm from the trunk, and drank it down with frantic eagerness! Their hands, faces, and breasts, were covered with the crimson flood that ebbed from the heaving corpse. One man, too late to catch the blood as it spurted from the neck, took hold of the body by the shoulders, inclined it over in a horizontal position, poured out his tumbler full from the gory trunk, and drank it in a wild frenzy of joy! I say this seems an incredible relic of barbarism in the year 1861; but it is a fact that can be attested by more than three thousand people.

"The drinking of blood warm from the body of a criminal is said to be a sovereign remedy for epilepsy, and many instances are

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related of the wonderful cures that have been effected in this way. The superstition is very generally believed, even by persons of intelligence; and, horrible as the remedy may appear, there is seldom an execution without some scene of this kind. I have conversed with intelligent Germans on the subject, who certainly do not share in the superstition, but who still maintain that there may be some reason in it. The nervous shock produced by the whole spectacle, and the drinking of human blood, they say, may change the entire system, and produce a sudden and radical cure."

Incredible as this may seem, and disgusting as it is, we think we can match it without going to Germany. In the State of Ohio, within a year past, we had a patient suffering from epilepsy, for whom was prescribed by an old woman a draught of the menstrual blood of a virgin! The prescription was filled and duly administered by the father of the boy! It did not effect a cure, however, whether because the standard quality prescribed could not be obtained we can not say! J. C. R.

De Rebus Variis.

The following anecdote of the illustrious French surgeon Boyer, we find in a recent work by Guerin (*Maladies des Organes Genitunx Externes de la Femme*), and as we are not aware of its ever having been given in English, we think it worth while to present it to the readers of the CINCINNATI JOURNAL OF MEDICINE.

Boyer removed the testicles from a gentleman who had a young wife. The patient had been for some time well, when he presented himself to Boyer, bringing with him his wife, whose pregnancy was evident, but which was a subject of astonishment to the husband. You can imagine that the unfortunate man experienced all the consequences of the removal of the testicles. His wife, suspecting the commencement of pregnancy, had caused him to simulate an act that had become impossible, and with the resolution and courage which might pass for impudence, but which are often a tribute to our charity, had come with her husband to demand of Boyer how she had become pregnant.

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Was it necessary to declare the truth, to enlighten the husband upon his misfortune, and to cast the first stone at the adulteress?

Boyer, doubtless finding extenuating circumstances for a fault which his experience of life had rendered him indulgent toward, did not appear at all astonished, and explained in a plain and clear manner that in removing the testicles he had left a reservoir, the *vesicula seminalis*, of which the contents were sufficient to make one child.

Then, having saved the culpable woman, he wished to prevent her falling a second time. This reservoir once opened, said he, can not be again filled; you have made one child, Monsieur, but you can not make another. You hear, Madame, your husband can never make for *you another child!*

Our Enemies often our Best Friends: a new version.—While in the anecdotal line we can not forbear relating the consequence of our telling a costive friend, not less witty than costive though, the story of Voltaire determining to commit suicide, and the change in this determination caused by a change in the condition of his bowels.

While Voltaire was living at Ferney, a misanthropic Englishman spent the day with him; the disgust at life of each intensified that of the other, so that they parted for the night with the agreement to meet the next morning at ten o'clock and together commit suicide. The Englishman was ready at the appointed time and place; Voltaire, however, did not appear, and upon being sought, exclaimed, "O, I have had a *lavement* this morning which has operated very well, and all the thoughts of last night are gone." Our friend listened to the narrative, and then gravely observed, "It only confirms the truth that our *enemas* are often our *best friends*." We could only simply reply that his observation was worthy of being kept among memorable *ana*.

Bowman's Practical Chemistry. H. C. Lea, Philadelphia. Robert Clarke & Co., Cincinnati. A new edition of this valuable work has just been issued by Mr. Lea. The fact that this little volume has already attained its fifth London and fourth American edition, is abundant evidence of its merit. As a con-

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densed working guide for the chemical student and operator, it probably is without an equal.

Diagnosis and Prescription Record. Wm. Wood & Co., New York. It is a lamentable truth that very much of the *experience* of the busy practitioner is lost both to himself and to others, simply because it is not day by day consigned to the faithful keeping of a book, more faithful than the hurried and overtasked memory. This *Record*, which the well-known New York publishers have provided, meets an acknowledged want, and may be made a great advantage to every physician who will use it, beside storing up many facts which otherwise would probably be lost, that can be made of great value to the profession at large.

Report on the Sanitary Relations of the State of Kansas. By C. A. Logan, M. D. This is a pamphlet of some sixty pages, evidently prepared with much care, and quite worthy the well known ability of its author: but as it concerns matters of local more than of general interest, we forbear presenting an analysis of it.

Local Anæsthesia in operating for Vesico-vaginal Fistula. A few weeks since we made use of the spray douche of ether, Richardson's instrument, in operating upon a very large vesico-vaginal fistula that had existed thirteen years. Sensibility was by no means abolished; nevertheless the suffering was very much mitigated; and there was this great advantage from the local application of the ether—*comparatively little hemorrhage*, notwithstanding the great extent of surface which had to be freshened—an extent which may be better appreciated by the statement that it required twelve sutures to bring the denuded edges of the opening in apposition. We were so well pleased with the result in this case, that we shall resort to local anæsthesia in similar operations hereafter.

Quite a Mistake. Dr. Horatio C. Wood, the American editor of the recently published *Abridgement of Pereira's Materia Medica*, in the volume just mentioned, uses the following language in reference to the sulphate of cinchonia, in comparison with the sul-

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phate of quinine: "It (the cinchonia) is preferred to the other alkaloid, both as a tonic and anti-periodic, on account of its far greater cheapness." Certainly cheapness is a recommendation; but after living many years in a malarial region our observation makes us believe that Dr. W.'s statement is very far from being correct, and that observation leads us to say that cinchonia is not prescribed as tonic or anti-periodic, more than once to ten times that quinine is.

Blisters in Cholera; their mode of action.

We were interested by a discussion in the Cincinnati Academy of Medicine, a few weeks since, upon the value of cantharidal blisters in the treatment of *cholera in the stage of collapse*, a state in which glandular secretions are suppressed. Dr. Richardson maintained that the value of these agents was due, not to counter-irritation, not to revulsion, not to local depletion, not to general stimulation, but solely to the absorption of the *cantharides*, and a consequent excitement of the suppressed renal secretion. Some members of the Academy not only questioned their utility, but denied all diuretic properties to cantharides.

Our purpose at present is neither positively to affirm, still less to deny, Dr. Richardson's explanation, but merely to show the possibility of its being true, establishing, at least so far as quotation of reputable authorities can establish such a fact in medicine, that cantharides are diuretic; and, still more, that so far as the testimony of at least one reputable observer is concerned, they notably increase the elimination of urea where this has been greatly diminished. The bearing of the last statement will be readily perceived, when we remember that cholera sometimes proves fatal from *uræmia*, and that restoration of the urinary secretion is one of the earliest favorable symptoms in cases where recovery from collapse occurs, a truth which may be better impressed upon the reader's mind by the following from Dr. Goodeve's article on *cholera* in Reynolds' System of Medicine; "We also look anxiously for the passing of urine. We may have to wait ten, twelve, or thirty hours, or even more. At first it comes scantily, high colored, an ounce or two with a strong and peculiar animal smell, deficient in urea perhaps, but not in all

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animal principles, generally albuminous, with many transparent casts."

We now proceed to cite some authorities as to the diuretic power of cantharides.

CULLEN, *A Treatise of the Materia Medica*, Edinburgh, uses the following language: "From these observations," referring to his own and those of Dr. Smyth Carmichael, "it may be doubted if cantharides have properly any diuretic power; but the authority of the late eminent and learned WERLHOF cannot be declined. In the *Commercium Literarium Norimbergense*, WERLHOF gives us a remarkable instance of the diuretic power of cantharides, and informs us, that he had frequently experienced the same in dropsy and other diseases; and upon such an authority I can no longer doubt of the power in question."

EBERLE, *A Treatise of the Materia Medica*, Philadelphia, 1825, says that cantharides when employed in small doses, "instead of producing difficult and painful discharges of urine, or its total suppression, excites a copious diuresis, and may often be very usefully employed where the evacuation is to be promoted."

DR. WOOD, *Therapeutics and Pharmacology*, states that this medicine in moderate doses and repeated produces among other effects, "some increase in the quantity of urine."

DR. BECK, *Materia Medica and Therapeutics*, in referring to the effects of moderate doses of cantharides, uses the following language: "In some cases the urine is increased, in others not. Although, therefore, it acts decidedly on the urinary organs, it is not uniform in its action as a diuretic."

DUNGLISON, *Therapeutics and Materia Medica:* "In a smaller dose," i. e., than that which produces nephritis, cystitis, renal suppression, etc., "however, they excite the kidneys to increased action."

HEADLAND, *The Action of Medicine in the System.* "Its acrid principle, cantharidine, becomes soluble by means of alkali in the intestine, and so enters the blood. This compound with an alkali, according to Mialhe, has no irritant properties. But in the renal apparatus, it meets with an acid which again decomposes it, and liberates the irritant cantharadine, which thus is enabled to act as a powerful stimulating diuretic'.'

GARROD, *Essentials of Materia Medica:* "When taken inter-

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nally in medicinal doses, the first indication is generally some diuresis," etc.

PEREIRA states that in "some cases diuresis is observed, in others not."

NELIGAN, *Medicines, their Uses, etc.* "Small or medicinal doses generally cause diuresis," etc.; "often proves the most effectual diuretic in dropsy dependent on disease of the heart."

BIDDLE says that "cantharides taken internally in small doses excite the secretion of the kidneys."

WARING, *Practical Therapeutics*, states that cantharides is "a stimulant diuretic," and refers to his own success with it in combination with sweet spirits of niter in the treatment of passive dropsy.

Both Professors CARSON and PAYNE in their respective volumes upon Materia Medica, refer to this agent as a diuretic.

We believe that enough evidence has been adduced to show that a denial of diuretic properties to cantharides is a denial of what some of the most reputable of the profession have affirmed, and that such denial should not be made without it can be substantiated by the clearest and most satisfactory proofs.

We wish to call especial attention to the following extract from BOUCHARDAT, *Manuel de Matiere Medicale, de Therapeutique et de Pharmacie*, Paris, 1864. The distinguished author refers to cantharides internally being especially useful, where there is diminution alike of the urine and of animal heat, from their diuretic action:

"If the urine passed in the twenty-four hours by the patients who are in the state just indicated, be carefully analyzed, it is at once discovered that there is a notable diminution of urea—that in place of twenty or twenty-five grammes in the twenty-four hours, these patients pass not more than ten, and sometimes even but six grammes. These are precisely the cases where cantharides, cautiously given, produces excellent effects."

It is not necessary to pursue this investigation any further at present; and, in conclusion, we would merely say, expressing ourselves more strongly than at the commencement of our article, that we believe Dr. Richardson's explanation not only possibly true, but likewise probably true.

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Jones on Functional Nervous Disorders. Republished by H. C. Lea, Philadelphia. For sale by Robert Clarke & Co., Cincinnati.

The subjoined communication from a member of the profession who, though not now engaged in practice, was once for some years thus occupied as well as in medical teaching, so well presents the merits of this excellent work, that any editorial notice is rendered superfluous.

PROF. PARVIN.—*Dear Sir*: I am greatly obliged to you for a copy of Dr. C. H. Jones' *Clinical Observations on Functional Nervous Disorders*, and in compliance with your request, will give you my "opinion" of it. One who is in the habit of reading notices and reviews of the many and valuable contributions to medical science, almost daily coming from the press, might pass over this modest, unpretending little volume, and select instead several others for purchase, and be thereby much the loser. At the risk of being thought over enthusiastic in the expressions of my judgment as to its merits, I will say that it is a priceless work, supplying a need I have long felt, although I could have scarcely told what that need was till I read its table of contents. There may be some who will not so highly appreciate it. Their acquirements and skill may have been equal to the task of successfully meeting and placing "*hors du combat*" the whole brood of those enemies to physical and mental happiness, which are hatched by disturbance of the intricate functions of the hidden, complex, and so little understood cerebro-spinal, and organic nervous system. I *know*, however, that there are some who have been often baffled in their treatment, puzzled, and not unfrequently driven to their "wits ends" to divine the causes of certain manifestations of those disorders, and decide upon proper treatment. To all such I will say purchase the book. I think I would hazard nothing in offering to refund the cost to those who, after reading chapter III. on Cerebral Anemia; IX. Cerebral Excitement; XIV. Headache; XVIII. Spasmodic Affections; XIX. Sleeplessness; XX. Facial Neuralgia; XXXIV. Cutaneous Neurosis; XXXV. Malarioid Disorder, could infer no advantage to themselves from a perusal of the remaining thirty-one chapters.

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Could even the eight chapters named with the cases cited in illustration, be read by medical men generally, they would be spared the mortification of seeing so many of their patrons whom they had perhaps often carried successfully through acute diseases, difficulties or accidents requiring skill and science, leave them and resort to homœopathy, hydropathy, or various forms of quackery, or take useless and expensive journeys in quest of relief from spasmodic nervous affections, morbid sensibilities, fancies, watchfulness, paroxysmal headaches, cutaneous neurosis (often mistaken for prurigo or army itch, or other forms of cutaneous disease), and chronic disturbance of the brain and nervous system, and their long catalogue of resulting complications with other organs, morbidly acting and reacting upon each other as the result of "malarioid disorder."

For this 600 pages Dr. Jones merits the lasting gratitude of the profession. Having been physician to St. Mary's hospital, where he had ample opportunity for research, with large experience in private practice, a wide range for clinical observation, (as shown by the record of many interesting cases), he has made each chapter to give abundant food for thought to the medical man who is in search of that aliment so requisite to his usefulness, and so well calculated to enhance his satisfaction with his own exertions in the province of his responsible calling. Will not others enter the list, and emulating this author's bright example, extend their explorations into the almost totally uncultivated field of zymotic diseases? Who is there in our profession that is not waiting with breathless anxiety for the time when analytic research and experiment, shall disclose the antidotes for the multitude of blood poisons, contagious and infectious, that now prove so prolific in suffering and death?

Yours, truly, W. S. P.

"ANNUS MEDICUS."

The *London Medical Times and Gazette*, for Dec. 29th, contains a long editorial review or retrospect of the more important medical events of the past year, from which we make the following extracts:—

"As the last days of the year of grace, 1866, glide away, and the whole becomes a part of time past, we must, as is our wont at similar

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periods, attempt to present our readers with a short summary of what have been to us as a Profession, its most notable events. It will probably in our memories be most remarkable for the victories won by preventive medicine or sanitary science. In its course have been included the acme and decline of the cattle plague epidemic, and the rise, progress, and termination of a visitation of epidemic cholera. In neither epidemic did the science and art of healing achieve any triumphs or marked success; but in both, the efforts to prevent the spread and progress of disease were signally successful.

"In the first week of the year the number of fresh cases of cattle plague was 9,120; and it continued steadily to increase till, in the week ending February 17th it amounted to 13,901. This was the highest point, and from this time the decrease was very rapid; in each of the two following weeks 3,000 fewer fresh cases were reported; the weekly decrease was about 2,000; then there was a less rapid, though steady, diminution till the disease all but disappeared.

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"Several more or less rational and irrational methods of treating rinderpest were proposed and tried, but not one obtained any encouraging degree of success. An old theory of the identity of the disease with small-pox was again put forth, and some eminent authorities strongly supported and urged the hypothesis that the two diseases are at least so closely allied that vaccination might prove to be as effectual a preventive against the one as it is against the other. It accordingly was tried most extensively and carefully, and at a great expense to the country, but the experiment resulted in total failure, and the idea ought never again to be entertained.

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"It will be remembered that, in September and October last year, (1865), a few cases of cholera occurred in Southampton, and at Epping near London. Though the disease had heretofore always invaded our country through one of the eastern ports, yet it was feared that these cases would prove to be the autumnal mutterings which always precede a cholera storm in the year following, and every effort was made to rouse the authorities and the nation to a sense of the threatening danger.

"About the middle of June these fears were verified by the occurrence of cases of cholera again in Southampton, though the disease did not spread much there till the beginning of July. On July 1st the disease also appeared in Liverpool, and on the 6th at Llanelly. In the first and second weeks of the same month three fatal cases occurred at Bromley in the London district. On the 10th a case was admitted into

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the London Hospital, the patient being a woman who had come from Holland, where the disease was rife, on the 6th. On the 12th a rapidly fatal case was taken in from Stepney; on the 13th a third; on the 14th four cases from the neighborhood of the Ratcliffe-highway and the Commercial-road, and six on the 18th. On the 17th and 18th there were, also, two cases taken in at Guy's Hospital, one at St. Bartholomew's, one at the Westminster, and fatal cases were reported in private practice in the east and south of London. The Registrar-General's weekly returns for the metropolitan districts reported thirty-two deaths from cholera in the week ending July 14; in the next week they had risen to 346, of which 308 occurred in the "East districts;" and in the week ending July 28 they amounted to 904, 811 of which were in the same Eastern districts, and in the same week there were 349 deaths from diarrhea. * * * * *

"The mortality was thus seen to be rapidly increasing and to be spreading rather more over the metropolis, while it had already attained a height that was not reached till two weeks later in 1849, and till four weeks later in 1854. It might then well have been feared that in this epidemic, cholera would prove a more terrible destroyer than it had ever yet been with us. But sanitary science fought against it as it had never fonght before. In every parish the Health officers were supported much better than in former epidemics, and the most active measures were taken to repel the invader. House-to-house visitation was energetically and efficiently carried out; cholera patients were removed to special hospitals, or special wards in general hospitals; disinfection of all drains and sewers, and of infected houses, bedding, and clothing, was rigorously insisted on; the still healthy were removed from infected houses; the water supply was looked to, and private charity came forward nobly to take care of the suffering, the destitute, and the convalescent. The Health officers were indefatigable in their labors, and the battle was well and gallantly fought, and with remarkable success. In the next week, the week ending August 11, the deaths from cholera had fallen from 1,053 to 781, those from diarrhea from 354 to 264, and the decrease continued to be rapid and steady till in the first week in September, the most fatal week in the two previous epidemics, the deaths from cholera were only 157, from diarrhea 132—in the same week in 1849 they had been 2,026, and in 1854, 2,050. From this time the decrease was never rapid, and in some weeks there was a slight increase; but in the return for the week ending December 1, the Registrar-General was able to say "only three deaths from cholera were registered during the week, and the epi-

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demic is now virtually extinct." In the same return we are told that "in the year 1849, when the population of London was about two millions and a quarter, cholera slew 14,137 people of all ages; in 1854 not less than 10,738 out of two millions and a half; and in the present year, when the population exceeds three millions, the deaths have been 5,548, of which 3,909 occurred in the East London districts, and 1,639 in the rest of the metropolis. The deaths to every 10,000 of the population were 62, 43 and 18, in the three epidemics, all over London." And this result has not been owing to any decrease in the fatality of the epidemic, for in other countries its ravages have been fearful. Thus, in Holland and Belgium, up to a recent date the mortality has been 141 to every 10,000 of the inhabitants. In Brussels the deaths have been in the proportion of 164, Utrecht 271, and in Amsterdam 42, in 10,000 inhabitants. Had the same proportion of inhabitants perished in London as in Holland and Belgium, "the deaths, instead of about 5,000, would have exceeded 42,000. Surely, we have a right to rejoice with gratitude in this result as a triumph of hygienic science, "before which the destroyer retreated step by step." * * *

"One of the most prominent and remarkable facts of the recent cholera epidemic was the severity with which it attacked the eastern districts of the metropolis. In the west districts the deaths were only 4 in every 10,000 of the inhabitants, in the North 6, in the South 8, in the Central 9, while in the East they were 64. Beginning in these East districts, it was in them alone that the ravages of the disease at all recalled the violence of former epidemics. An explanation of this has, of course, been anxiously sought for, and has apparently been found in the character of the water supply. Poverty and destitution, filthiness of every kind, drunkenness, and overcrowding exist to at least as great a degree in other parts of the metropolis, especially on the south side of the Thames, as in these unhappy East districts. One thing alone was found peculiar to them, and common to them all; they were all supplied by one water company—the East London—and those parts that suffered most severely were supplied from particular reservoirs of that company. Dr. Rygate, the medical officer of St. George's-in-the-East, has pointed out that on no day, except August 8, did the tale of deaths from cholera reach two figures in any other district than that supplied by the East London Water Works, while for seventeen consecutive days, in the district supplied by that company, the cholera death-roll reached three figures, the number varying from 106 to 171 daily. It would make much too great a demand on our space to show here how the evidence against the water accumulated and strengthened,

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and all the facts connected with the epidemic must be too fresh in our readers' memories to make such recapitulation necessary. * *

"The present epidemic has afforded other instances of the cholera-conveying power of water—though, happily, nowhere else has the experiment been made on anything like so gigantic a scale—and the evidence on the same point afforded by former epidemics is well known. As the president of the Epidemiological Society remarked, 'It is now placed beyond question by the labors of Dr. Snow, confirmed as they have been by experience, that water is one of the great agents in diffusing cholera;' or, to quote Dr. Farre once more, 'unclean water can not be consumed with impunity; its consumption is the sin of which cholera is the punishment.' * * *

"While sanitary science won such a triumph in its battle with cholera, it can not be said that any marked advance was made in the treatment of the disease. The most diverse and opposite opinions and modes of practice were to be heard and seen. Former experience really seemed to avail nothing; old methods of treatment which had been tried in former epidemics and had failed, were again tried, and with a like result; and unless we have learned to remember the teachings of this epidemic as to treatment, longer and more exactly than the lessons of previous ones, we shall have learned very little. Two theories of the pathology and treatment of the disease have been promulgated with special persistence and assurance. One, that of Dr. George Johnson, argued out and supported with great ability and zealousness, is, briefly, that the malady is due to a peculiar poison, which, entering the blood, first and most especially affects the minute pulmonic arteries, causing a state of spasmodic contraction and closure of them, and consequently an arrest of the oxidation of the blood; that the vomiting and purging are natural efforts for the elimination of the poison; and that, therefore, the proper and rational way is to favor and assist this effort of nature. The other, Dr. Chapman's, put forth with equal zeal, attributes the disease to hyperæmia of the spinal cord and the sympathetic system, and treats it by ice applied to the spine. Each theory is based on assumptions rather than on proved facts, and each has been insisted on with equal positiveness and conviction of its truth; but neither can be said to have been at all generally accepted or to have met with any marked success. The general result of treatment is, perhaps, a belief that in the earliest stage of the disease, and in the prodromic diarrhea, astringents and opiates are most to be relied on, with rest and warmth, and, in the stages of collapse and reaction, careful nursing and support.

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"The full extent and degree to which the epidemic has prevailed in England is not yet known, as the official information on the subject, conveyed only by the Registrar-General's Quarterly returns, does not at present go beyond the end of September. Up to that time the total number of deaths from cholera registered amounted to 10,365, very nearly half of which had happened in the London districts. The disease prevailed, as usual, in particular districts or 'fields.' The most fatal field after London, was the 'Liverpool field.' In the north-western counties of Cheshire and Lancashire, there were 2,022 deaths from cholera; and of these 1,603 were registered in the Liverpool and West Derby districts. The next largest mortality—1,514 deaths—occurred in the 'Monmouthshire and Wales division,' or the 'Swansea field,' the greatest number of deaths happening in Swansea, Neath and Llanelly. The south, north, and west midland counties almost escaped the disease; and in Herefordshire and Rutlandshire no death from cholera had been registered. The south-eastern counties suffered rather severely. Ramsgate was included 'by extension down the Thames, in the London cholera field;' and into other parts of Kent the hop-pickers from London imported the disease. The summary of the Registrar-General's analysis of the course the epidemic had taken so far was thus expressed: 'The epidemic has been most fatal on the sea coast in the chief ports of the kingdom. It is by no means capricious, but obeys definite laws. It never destroys the people to any extent where the water supply is pure, or where the hygienic conditions are good, when the authorities adopt judicious and well-organized measures of early and systematic disinfection.'

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"The International Sanitary Conference of Constantinople for preventing the diffusion of epidemic cholera and for the preservation of Europe from future invasion of the disease has made its report. It considers that the disease originates only in India, never in Europe; that it is a transmissible disease, following in the wake of man, and not carried by the atmosphere to any distance; that it is spread chiefly by the evacuation of cholera patients, and that it rages most in places in a bad sanitary condition; it believes that the cholera poison may adhere to the surface of clothes, the walls of houses, the interior of ships, etc., and that by these means it may be communicated. On these principles it bases its proposed measures of preservation, and asserts that the disease is to be met by measures of restriction of intercourse, of purification and disinfection, and of public and private hygiene. We have nothing to say of the measures of purification and disinfection recom-

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mended except that they seem to be very full and perfect, and quite practicable; but for the measures of restriction and of hygiene we must remark that, however perfect they may be theoretically and scientifically, many of them appear to be so impracticable as to be useless. For instance, the Conference objects to the system of drains and sewers in communication with houses, and it calls for the abolition of all privies and cess-pools or wells, and their replacement by movable receptacles, such as earth closets, or 'fosses mobile,' to be frequently emptied and cleansed, and so constructed that the contents can not sink into the soil; the contents to be carried out of the towns; water-closets, when used, never to be within the houses. However desirable all this may be theoretically, is it not quite impracticable in cities of any size? while to recommend such a scheme for cities of one, two, or three million inhabitants, appears with all due respect be it said, simply ridiculous. And supposing that all excreta could thus be removed 'out of the town,' what is to be done with them? where are they to be buried so as not to contaminate the soil? Again, the quarantine measures recommended are such as never can be carried out. They are 'neither practicable nor rational,' as Dr. Farre said in the discussion which followed Dr. Goodeve's valuable and lucid statement of the results of the Conference at a meeting of the Epidemiological Society. The quarantine recommendations were, we believe, carried in opposition to the advice of the able and experienced English representatives at the Conference, Drs. Goodeve and Dickson; but a full analysis of the Conference will be found in our pages during the month of October.

"The General Medical Council met on May 17, sat eleven days, and got through a considerable amount of speaking and some business. They finally settled a 'Medical Acts Amendment Bill,' which we may hope to see passed next year, if Reform does not again stop the way. * * * * * *

"But the acts of the Council, and all that they did, are written in the first volume of our journal for the year, and to that record we must refer the reader, as we really have not the heart to go more into the detail here. We have so much respect for the individual members of the Council, and so little for the results of their collective wisdom, that we will be content to notice thus shortly what they actually did, and to cherish still, as best we may, the hope that they may in time overcome the difficulties inherent in their constitution as a body, and justify more satisfactorily their costly existence, and their liberal expenditure of time and labor. * * * * *

"At the Royal College of Physicians, Sir Thomas Watson was again,

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and for the fifth time, unanimously elected President. But in addressing the Fellows, with his usual graceful and happy eloquence, on the occasion, he observed, 'Should I survive the coming year, and—which I have the presumption to suppose to be even more likely—should your kindness toward me also survive it, it will be my duty to make way for some younger and abler (?) President. * * Five years' occupancy of this chair is, in my opinion, quite as much as is good either for the College or the President himself.' * * *

"The trial of 'Hunter *v.* Sharpe,' deserves mention here, as, though not directly affecting medical men, it had so much to do with the conduct and honor of the profession, and was of such importance in defining the legal limits of criticism, that we are all deeply interested in it. It was an action for libel, brought by Dr. Hunter against the *Pall Mall Gazette*, on account of a very severe and trenchant criticism on that person's pretensions, conduct, and practice as a physician. The courage and downrightness of our able and spirited contemporary. in defense as well as in attack, were most admirable, and the result was that the jury considered the article complained of had so far overstepped legal bounds that they gave Dr. Hunter a verdict, with *one farthing* damages. The medical evidence adduced for the defense was remarkable for its clearness, ability, and unanimity, and the Chief Justice's summing up, a magnificent display of talent and eloquence; it merits the study of every one for the clear and lucid way in which it points out the differences between the conduct and mode of practice of the quack and the honorable practitioner of medicine. * *

"Some of the London hospitals were visited during the year by a female physician from America, who, not content with private practice, had also served as a surgeon in the Federal army during the late war. Dr. Mary Walker wore a hybrid, or rather a hermaphroditic, kind of dress, which, according to her own description, 'was constructed on physiological principles with moral bearings;' and she gave a public lecture at St. James' Hall, but probably only the enemies of the order of female physicians would call the performance a success. We are not ourselves believers in the need for, or probable success of, a class of woman-doctors, and we are very sure that if ever such an institution is to live, it must be modeled after the modest, feminine, unobtrusive type so favorably shown in Miss Garrett, at present the sole English example, and not after the somewhat aggressive one imaged forth by our trans-Atlantic sister. * * *

"Among the pleasing events of the year, we were glad to record that Dr. Burrows, on the resignation of his appointments at St. Bartholo-

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mew's, received a very handsome and gratifying testimonial of affection and esteem from his colleagues and pupils, old and young; that Mr. Henry Thompson had been appointed Surgeon Extraordinary to the King of the Belgians; that Dr. W. Mackenzie, C. B., of the Madras army, has been made a 'Companion of the Most Exalted Order of the Star of India,' and Sir James Clarke made a K. C. B.; that Dr. Markham, as well as Dr. Edward Smith, had been appointed Poor Law Inspectors; and that Drs. J. Y. Simpson, Dominic Corrigan, and Watson, have, like Sir William Fergusson, last year, received the honor of the Baronetcy, the highest dignity ever bestowed by the Crown on members of our profession. All well deserved the distinction, but the recognition of Sir Thomas Watson's eminence gave special satisfaction to the profession at large, as it has seldom been the lot of any physician to command such universal confidence and respect by his intellectual powers, and to win such affectionate regard by his character, as has the popular President of the College of Physicians."

Change of Type in Disease.

Dr. Markham has republished his Gulstonian Lectures on "Bleeding and Change in Type of Diseases," which appeared in this *Journal*. In the Preface will be found an interesting letter from Sir Thomas Watson, wherein, with his usual candor, he admits that his views touching the change in type theory have undergone modification. Such a statement from so high an authority is worthy of especial attention. We are sure our readers will be glad to see his letter *in extenso*. The question involved in the change of type theory is not a mere matter of theoretical discussion. The practical fact of bleeding in disease is closely connected with it. It will be seen that Sir Thomas Watson indorses the opinion given by Dr. Markham: that (whatever be the explanation) medical men abstain more from bleeding at the present day than is good for their patients; that they have rushed from the extreme of profuse and ill judged venesection into the extreme of total abstinence.

"My Dear Dr. Markham—Since I listened to your Gulstonian Lectures on Venesection, and especially since you told me of your purpose to publish them in a book, I have felt it to be my bounden duty, as a former teacher of medicine, to re-examine and consider afresh the collateral question discussed in them, respecting the so-called 'change of type' in diseases.

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"By that phrase I mean some change in the human body, existing through considerable spaces or cycles of time, which renders it varyingly affected by the causes and by the remedies of disease, and especially of febrile and inflammatory diseases; so that diseases nominally the same shall, during one period, express themselves in the body more strongly, and during another succeeding period more feebly, and shall accordingly require and bear, now more and now less of what is called energetic, active, depleting, or lowering treatment.

"That this kind of difference, arising from some obscure outward influence, atmospheric, telluric, magnetic, social, or what not, may really be seen in different epidemics of the same disease, will be admitted, I suppose, by all men who have had opportunities of noticing the phenomena of epidemic distempers. But I am obliged to confess that the result of my later reading and inquiries, and of careful reflection on the matter is, that my previous belief in the soundness of the doctrine of a general and more abiding variation of type, in the sense now explained, has been shaken.

"In making this confession I desire to protest against the uncharitable imputation (not made by you, nor especially against myself, but thrown out somewhere, as I gather from Dr. Stokes's address before the British Medical Association) against those who hold or have held the controverted doctrine, the imputation that it was artfully invented to conceal former errors of practice in regard to blood-letting.

"Indeed, though I believe that great errors were committed in past years by excess in bleeding, as at the present time by its utter neglect, my own conscience is not uneasy on that score, for I have never been a lavish or a frequent bleeder. I taught, no doubt, because I believed in them, the lessons which I had received from my predecessors, and I endeavored to explain to my class how it was that my practice was apparently so little in accordance with my public teaching. In the first edition of my lectures I say:—

"'Those among you who happen to be attending the wards of the Middlesex Hospital may wonder indeed, after hearing my estimate of the power of bloodletting over inflammation, that I so seldom prescribe venesection there. The truth is, not that I undervalue the remedy, but that the time for its employment has generally gone by. The poor are unwilling to relinquish the occupations by which they subsist; they struggle on as long as they can, and resort to hospitals only when they are compelled to do so by the exigency of their malady. Many of them, laboring under inflammation, have been freely bled before admission. It is commonly too late when they present themselves to ex-

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pect that the course of the disease can be so arrested. The first effect of bloodletting is to deplete and relieve the laboring circulation. But when it is again and again repeated, it becomes (as the French say) *spoliative;* it robs the vital fluid of its nutrient and plastic materials,' etc., etc. (vol. i, p. 217.)

"A careful survey of the facts and arguments adduced on both sides of late, respecting the alleged change of type, compels me, I say, to suspect that my previous opinion was a mistaken one. In that survey it was needful for me, looking back, to trace, if I could, what were the sources of that opinion, and the retrospect has shown me, I think, the main causes to which it owed its origin and strength.

"First, then, I repeat, I had faith in the judgment of the practicers and teachers of medicine at whose feet I had sat as a learner, that the old fashion of free bleeding in certain inflammatory and other febrile diseases was a right practice.

"But as the field of actual observation and experience enlarged itself before me, I soon found that those symptoms and conditions which I had been taught to regard as the warrant for free bloodletting, very rarely presented themselves; and this fact gave birth to a notion, vague enough at first, that the inhabitants of our great and crowded metropolis, and especially the class of persons who form the bulk of the in-patients in our London hospitals, among whom my experience then chiefly lay, had somehow become less likely to receive benefit from, and less able to sustain, the active use of what are spoken of as lowering remedies.

"About the same time came the teachings of a desolating visitation of influenza (the first that I had seen) in 1833, the year after the first outbreak of cholera in this country.

"The cautions enforced by the influenza, as well as its name, outlived the occasion. The abstinence from depressing measures, inculcated by that depressing disorder, was continued to cognate and extended to other disorders, and this by general consent; and thus men learned the safety and the wisdom of a less heroic treatment of disease in general, and thus the doctrine now called change of type got plausible support; but I believe that the main ground for that doctrine was furnished by the differing behavior under medical treatment of different epidemics of fevers.

"My dear friend, Dr. Latham, one of the most conscientious, careful, and unprejudiced students of disease that I have ever known, had collected (after about ten years' observation as one of the physicians to St. Bartholomew's Hospital) materials for, and was on the point of pub-

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lishing a book on fever. He had chosen with care his clinical assistants; he had kept regularly and had periodically digested his case-books and their records; and he found that he had bled from the arm one in every four of his fever patients, and had applied leeches to nearly all of them; and the mortality had been seven in the hundred.

"But not long after the first visitation of cholera in 1832, so great a change occurred among his fever patients that he did not dare to bring out his prepared book. *Now*, he could not venture to draw blood from any of his fever patients. Their condition urgently demanded support, and the mortality among them was doubled. So numerous were the deaths that it was impossible to make any regular inspection of bodies as long as this state of things lasted.

"This looked very like a change of type.

"We know now, but few or none of us knew then, that the diseases with which Dr. Latham had been dealing were, not varying types of the same malady, but two diseases differing in species; the first having been enteric fever, the second typhus.

"In this way, and to this extent, I readily admit that modern improvements in diagnosis have modified on grounds of reason, our practice.

"I remember, also, to have read Dr. Caleb Williams' address to the British Medical Association on the "Change of Type in Disease," in which he adduced his own experience and convictions on that topic, and gave some account of Autenreith's work, to the same effect.

"Again, and more lately I remarked (and the fact tended to strengthen my faith) a great consensus of opinion among medical writers upon the alleged change of type who had lived and practiced in the period when the change was supposed to have manifested itself, while it was chiefly questioned or denied by younger men, whose personal experience had not included that period.

"I trust that I may now have convinced you that the opinion combated by you (which I should be ashamed if I had not candor or courage enough to renounce, or at any rate to doubt, upon good cause shown) was not formed at random, nor without supposed foundation for it, still less adopted as a miserable cover or excuse for former bad practice.

"I suspect that, in a sentence of mine which has obtained an unhappy prominence in this controversy, I ought to have spoken of successive 'waves' of 'opinion' rather than of 'time.'

"Believe me, very truly yours,

"THOMAS WATSON."

—[*British Medical Journal.*

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We invite the attention of our readers to the following editorial in the London *Lancet*, December 15th, as it bears upon a point which, strange as it may appear, has never, we believe, been brought before the National Association:

"Amongst the many subjects incidentally suggested to the mind in the course of the recent trial of Hunter *v.* Sharpe, is the question of the state of English law in reference to foreign and colonial degrees. At present our law does not recognize them; or, to speak more accurately, it only recognizes such as were obtained prior to the passing of the Medical Act, and this with certain restrictions. Registration of foreign and colonial degrees and diplomas can only be procured under the provisions of the forty-sixth section of the Medical Act, and those of the eleventh section of Schedule A to the Act. Accordingly it is necessary for the registration of such degrees and diplomas that they shall have been obtained, 'after regular examination,' and before the passing of the Act. It is further necessary for the registration of any such degree or diploma, that the holder of it should have been in practice, as a physician or surgeon, as the case might be, *within the United Kingdom before the first day of October*, 1858. The Medical Council have properly observed the utmost care in registering foreign degrees, even within the above limits. In 1859 it passed resolutions to the effect that in any case of application for the registration of a foreign or colonial degree, the Registrar should institute strict inquiries, by letter addressed to the university or college represented to have conferred the degree, as to the genuineness of the document produced to the Registrar, and as to the regular examination of the person producing it. We have authority for saying that in no instance of the registration of foreign or colonial degrees or diplomas have the foregoing rules been deviated from. The Council can not be too highly applauded for its excessive care in this matter, as exemplified in its resolution of 1859. We are not quite sure, however, that the law itself on this subject is creditable. We should be disposed to advocate the registration of all respectable foreign and colonial degress as an act of national, or rather international, respect and good will. Just as we would wish in New York or in Paris to be treated and respected as medical men, so we should wish to accord to all worthy graduates of New York or Paris, or any other great school of medicine, the same honor and the same right of practice as we accord to the holders of British degrees. Let the Council take any steps it pleases to ascertain

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the nature of the curriculum required to obtain any particular degree, and, on being satisfied on this point and on the personal respectability of any holder of the said degree, let it be free to register it. According to the present state of the law, Professor Trousseau, of Paris, or Dr. Flint, of New York, were they disposed to practice in London, could not be registered without examination. Their present qualifications would be simply ignored. This, we submit, is not the ultimatum of professional generosity. It is true that all graduates of Paris are not Trousseaus, and all graduates of New York are not Flints; but it is by the law affecting the many that the feelings of great nations are influenced. A little generosity here on both sides would cement the profession throughout the world. It would only be the expression in our law of a feeling of respect which every foreigner meets with in our medical societies. Not long since, physicians and surgeons of Edinburgh were unqualified for medical and surgical practice in London. We are all ashamed of that narrowness now. In the present condition of the law in regard to foreign and colonial degrees there lurks a remnant of this narrowness."

It is indeed refreshing to read in a journal of such influence as the London *Lancet* sentiments so liberal and just. The utmost generosity has already been extended to members of the medical profession from Great Britain, who have thought proper to select this as the home of their adoption, but as the *Lancet* truly observes, it is about time that this "one-sided reciprocity" were ended. If merit were the qualification required by British laws to entitle the practitioner to deal with the health and lives of British subjects, what multitudes could be found in our country equal, if not superior to many who have a *legal* qualification to practice there, and who when they choose, emigrate and enter without restraint into competition with the profession of the United States, although a Flint would be debarred that privilege in Great Britain? Should any doubt our assertion in reference to the comparative merits of many British and American practitioners let them examine the reports made during the past year to the British Medical Council, and they will be amazed at the low estimate placed by her own best judges of the actual qualifications of large numbers who have succeeded in obtaining the diploma of the Royal College of Surgeons. But the editorial we have quoted breathes too noble a spirit to warrant unkind remarks, and we gladly banish this unpleasant topic, resolved to cherish only what every American who has mingled with the profession of Great Britain, must truly feel, viz.: sentiments of gratitude and admiration.

G. C. B.

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Death of Dr. Horace Green.

Died, at his residence at Sing Sing, on the Hudson, on the 29th day of November, Dr. Horace Green, in the sixty-fourth year of his age. Dr. Green was born in the town of Chittenden, Vermont, on the 24th of December, 1802. He was of the seventh generation of his family in this country. His father and three brothers served in the army during the revolutionary war, his father being the only one of the brothers who survived that struggle. Dr. Green studied medicine in the office of his brother, who was a practitioner of reputation in Rutland, Vt., and was graduated at Middlebury in 1824, in the institution subsequently known as the Castleton Medical College. After his graduation he practiced medicine in connection with his brother in Rutland, until the fall of 1830, when he went to Philadelphia, where he passed the winter in attendance upon the lectures at the University of Pennsylvania. Returning the following spring to Rutland, he continued to practice there till 1835, when he removed to New York, where he has since resided. In 1838 he visited Europe, and shortly after his return to New York, in the same year, he commenced his investigations into the pathology and treatment of those diseases of the air passages, with which subject his name is so indissolubly associated. From 1840 to 1843 he was connected with the Medical College in Castleton, Vt., as professor and president of the faculty, lecturing upon the Theory and Practice of Medicine. In 1850 he united with several distinguished medical gentlemen in founding the New York Medical College. In this institution he also occupied the chair of Theory and Practice of Medicine, and was elected to the presidency both of the Faculty and the Board of Trustees. He continued to lecture in this college till 1860, when he was elected Emeritus Professor, retiring at that time from active participation in the duties of a teacher.

He received the honorary degree of A. M. from Union College, Schenectady, and in 1853 the degree of LL.D. from the University of Vermont, at Burlington. He was a member of the Phi Beta Kappa Society and of the Society of the Cincinnati.

In 1854 he established, in connection with his colleagues of the college, the American Medical Monthly, with the editorial department of which he was connected till 1857, continuing to contribute to its pages, however, until it was suspended, in 1862.

Dr. Green was a member of several learned societies, both at home and abroad, to many of which he contributed valuable papers. Among these, which were subsequently published in the medical journals of the day, may be enumerated: Observations on the Influence of Malari-

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ous Atmosphere in the Prevention and Cure of Phthisis Pulmonalis (N. Y. Journal of Med. & Surg., Jan., 1840.) On the Effects of Ergot in Parturition, with cases (N. Y. Journ. of Med. and Surg., Jan., 1841.) Treatment of Epilepsy (N. Y. Med. Gaz., March, 1853.) On the Subject of Priority in the Medication of the Larynx and Trachea (American Medical Monthly, April, 1854). Some Important Observations on Aphonia, arising from Organic Lesions (American Medical Monthly, August, 1854). Remarks on Croup and its Treatment (American Medical Monthly, June, 1854). On the Employment of Injections into the Bronchial Tubes and into Tubercular Cavities of the Lungs (American Medical Monthly, January, 1855). Report on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease (Trans. American Medical Association, 1856). Lesions of the Epiglottic Cartilage (American Medical Monthly, Oct., 1857). Croup, its Treatment by Cauterization and Catheterism of the Larynx (American Medical Monthly, February, 1859). On the Difficulties and Advantages of Catheterism of the Air Passages in Diseases of the Chest (American Medical Monthly, February, 1860).

His published works, written while pursuing an extensive and laborious practice, were: A Treatise on Diseases of the Air Passages, 1846, which has reached the third edition. The Pathology and Treatment of Croup, 1849. On the Surgical Treatment of Polypi of the Larynx and Œdema of the Glottis, 1852. Selections from the Favorite Prescriptions of Living American Practitioners, 1858, which has received a French translation. A Practical Treatise on Pulmonary Tuberculosis, 1864.

Few men in the profession of medicine in this country have attracted so much attention to their professional career as did Dr. Green. Announcing, in his earlier writings, a plan of treatment for diseases of the air passages which was at once regarded as "bold and novel," it met, naturally, much skepticism and opposition. This induced discussion, and from discussion arose a more thorough investigation into the subject in dispute. An impetus was given to the study of laryngeal diseases, and, as a result, the means of their diagnosis and treatment have been immeasurably increased.

Dr. Green lived to see the views he promulgated thoroughly proved by the aid modern science has placed in our hands. Fearless by nature, and indued with a strong religious sentiment, he gave to the study of his profession a sincere earnestness, which is apparent in all his writings. A part also of his religious character was his faith, and this, too, was plainly observed in his professional life as well as in his daily walk and

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conversation. He believed in the sacredness of his stewardship, and labored to fulfill its duties. A long and weary illness, the result of over-labor, terminated his life.—*N. Y. Med. Jour.*

Twelfth Annual Report of the Trustees and Officers of the Southern Ohio Lunatic Asylum, for the Year 1866.

The report of the Southern Ohio Lunatic Asylum is the first public document of the season which has reached us, and it furnishes evidence of the institution being in efficient working condition, and fulfilling the objects for which it was founded. Of the numerous statistics always given in such reports, we can copy only the following table, showing in outline the results of the year's work.

	Males.	Females.	Total.
In Asylum at beginning of year,	77	94	171
Admitted during the year,	44	59	103
Under treatment at beginning of the year,	121	153	274
Discharged—Recovered,	26	35	61
Improved,	4	5	9
Unimproved,	8	13	21
Died,	2	4	6
Remaining in Asylum,	81	96	177

The mortality for the year has been exceedingly light; no epidemic disease has prevailed among the inmates, and in every respect the institution seems to have been favored. The most gratifying fact recorded in this report is that an appropriation has been made for an extension of the asylum to the size of the original plan, which will give very much greater capacity for the reception of this class of unfortunates, and much better facilities for their treatment. It is well known to medical men that large numbers of chronic insane are confined in our county infirmaries and jails, where their condition is generally such as to excite the compassion of every humane person, and unworthy of the age of civilization in which we live. We rejoice that our state is about furnishing asylum room for these unfortunates, and will rescue them from their deplorable condition. In everything relating to benevolent institutions, Ohio occupies a proud position, nor does she seem likely to weary in well-doing.

We must refer our readers to the able report itself, for further particulars, which want of space will not permit us to give. We are happy to feel assured that the Southern Ohio Lunatic Asylum is in a condition creditable to its officers and satisfactory to its friends.

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It is reported that the late Mr. John Van Buren (son of Martin Van Buren), one of the most prominent members of the New York bar, on the morning of the day on which he died, in the hight of fever, made a coherent and logical speech, the delivery of which occupied two hours and a half. He died on board the steamer Scotia, in October last, on his return from Europe. In connection with the above the following extract from Dr. J. A. Symonds article on Death, in *Todd's Cyclopedia of Anatomy and Physiology*, may possess some interest:

"The delirium of the dying is often of a most interesting character and resembles dreaming more than any other form of derangement that has fallen under our notice. The ideas are divined less from present perceptions than in insanity, and yet are more suggested by external circumstances, than in the delirium of fever and phrenitis. Thus, the presence of a bystander often suggests the image of a friend long departed, in which character the moribund man addresses him, and talks earnestly of persons, scenes, and events belonging to a former period of his history as if still present. The vivified conceptions are generally derived from subjects which either in his speculative pursuits, or in the business of life had principally occupied his thoughts. The last words of Dr. Armstrong were addressed to an imaginary patient, upon whom he was impressing the necessity of attention to the state of the digestive organs. We have heard that a great legal officer, not long deceased, having raised himself for a moment from his couch, said, "Gentlemen of the Jury you will find,"—and then fell back upon his pillow, and expired. The visual conceptions reproduced in some minds often appear to be derived from poetical reading. We remember hearing a young man, who had been but little conversant with any but civic scenes, discourse most eloquently a short time before he died, of 'sylvan glen and bosky dell,' purling streams, and happy valleys; 'babbling of green fields,' as if his spirit had been already recreating itself in the gardens of Elysium. It not unfrequently happens that the spectra owe their origin to contemplations of future existence; and consequently that the good man's last hours are cheered with beatific visions, and communion with heavenly visitors.

'Saw ye not even now a blessed troop
Invite me to a banquet, whose bright faces
Cast thousand beams upon me, like the sun?
They promised me eternal happiness,
And brought me garlands, Griffith, which I feel
I am not worthy yet to bear; I shall assuredly.'"

KING HENRY VIII, Act IV, Sc. 2.

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MR. GUTHRIE'S CLIN. LECTURE ON WOUNDS OF THORAX.—MED. AND SURG. JOURNAL, VOL. 2, P. 748.—"I do not know whether it is advisable to recommend with Sir Lucius O'Trigger, in *The Rivals*, that gentlemen should stand fair to the front, in duelling, and be shot clear through one side of the body, instead of making as small as possible an edge, by standing sideways, and running the risk of being certainly killed by the ball penetrating both sides; but this I do know: that there is neither charity nor humanity in choosing the pistols at present adopted. The balls are so small, that the hole they make is always a source of inconvenience in the cure; and the quantity of powder is also so small, that it will not send the ball clean through a moderately thick gentleman; it therefore sticks in some place where it should not, to the extreme disadvantage of the patient and the great annoyance of the surgeon. These things really should be altered with the present diffusion of knowledge. It is bad enough to be shot by your adversary, but it is worse to know that you lose your life through the kindness of your friends in not putting powder enough in the pistol to send the ball through you."

We have been requested to publish the following notice:

PRIZE QUESTION.—The subscribers, a committee of the Connecticut Medical Society, offer the Jewett prize of two hundred dollars for the best Essay on the following question, viz: By what hygienic means may the health of armies be best preserved? And the Russell prize of two hundred dollars for the best Essay on the following question, viz: The Therapeutic uses and abuses of Quinine and its salts? The offer is extended to all physicians and surgeons of the United States and the British Provinces of N. A. In awarding the prizes, the committee will regard the literary merits as well as the scientific value of the papers submitted; and if no essays are received worthy of such liberal prizes a decision will be deferred and the time extended. Essays may be forwarded to either of the committee for the Jewett prize on or before the first of March, 1867. For the Russell prize, on or before the first of March, 1868, each accompanied with a sealed envelope inclosing the name and address of the author. The unsuccessful essays will remain with the member of the committee in whose hands they were originally placed, subject to the order of their respective authors.

B. H. MARTIN, West Meriden,
L. J. SANFORD, New Haven,
HENRY BRONSON, " " } Prize Com.

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THE

CINCINNATI JOURNAL OF MEDICINE.

FEBRUARY, 1867.

ART. I.—*Prolapsus of the Uterus and Bladder.* BY T. WOOD, M. D.

On the 15th of January I was called to see Miss A——, a healthy, robust German girl, in her sixteenth year of age, who presented a tumor protruding from the vulva, of the following dimensions: Around the neck of the tumor, near the pudendum, seven inches; from the urethral orifice to the fourchette over the tumor, thirteen inches; and the transverse circumference at the largest portion, eleven inches.

The entire surface was covered by mucous membrane, which was continuous in every direction with the epithetial lining of the vulva, except a small indentation in front, where the urethral orifice was found. On the posterior aspect of the tumor in the median line, and about three inches from the vulva was the os uteri, sufficiently open to admit the introduction of a small gum catheter, which readily entered to the depth of six inches: and when withdrawn was covered with healthy looking mucus.

She could permit, without uneasiness, free handling and examination of the tumor, and even the introduction of the catheter into the uterus, gave no pain, but the sensitiveness at the mouth of the urethra was too great to allow an instrument to enter the bladder. The tumor fluctuated throughout its extent, and had the feel of a large hydrocele, which was suppossed to be owing to the presence of the displaced bladder very much distended with urine. The

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conclusion arrived at from the examination was, that I had simply an inverted vagina, with prolapsus of the uterus and bladder.

The history of the case is somewhat obscure. The parents of the girl had not discovered any thing wrong until within a few days of my first visit. She had attended to all her duties at housework without complaint, exhibiting no signs of disability until the sides of the tumor, by contact and friction against the thighs, became ulcerated, and compelled her to lie in bed. She had experienced no pain simply from the displacement, either at the time or subsequent to its occurrence. She had no difficulty in retaining or passing her urine, and her bowels were regular and natural in their movements.

The girl's own statement was very indefinite as to time. She stated that the tumor had appeared suddenly, without pain, and she believed it was nearly as large when first noticed as at present. She could not say how many months it had existed, but she knew she had it before she menstruated,—that she had menstruated four times, and for the last three months she had missed her menstrual flow. If her statement is correct, it must have existed from seven to eight months.

In consultation with Prof. Mendenhall we decided to administer chloroform, draw off the urine, and attempt the reduction of the tumor in mass.

When she was completely anæsthised the catheter was easily passed into the bladder and its contents discharged, but the tumor was only diminished about one-third by the evacuation of the urine, and so great was the bulk remaining that it could not be forced through the vulva. The remaining part was still tense and fluctuating. After again making a careful examination of both the bladder and uterus, and fully satisfying ourselves that the fluctuating fluid was not in either viscus, we determined to test it with the exploring needle. This revealed a cyst containing about a pint of dark grumous blood mingled with pus, occupying the visico-vaginal septum. When this was evacuated the mass was returned into the pelvis without difficulty.

After the operation she experienced very little pain, and she has had no trouble in retaining or voiding her urine, and the bowels have moved regularly. The vaginal walls that were very much hypertrophied, lying in large folds, and giving a ridged, leathery feel to the finger when first returned, are softening down, and now (two weeks after replacement) feel quite natural.

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It is difficult to give a satisfactory explanation of the cause of this very unusual occurrence in so young a person, but it is very probable that the abscess in the vesico-vaginal septum, becoming too large to be retained in the vagina, forced its way through the vulva and dragged with it the uterus and bladder, and at the same time turning the vagina inside out.

I will not attempt any explanation of the cause of the great enlargement of the cavity of the uterus, (which was full six inches from the os to the fundus), as the most careful inquiry did not elicit any fact in reference to it.

ART. II.—*Case of Puerperal Convulsion.*—By B. F. DUVALL, M. D. Forks of Elkhorn.

Having long since regarded faithfully reported cases as the best method of studying symptomatology and treatment of disease, I, therefore, present for publication the following case of recovery from puerperal convulsions:

Mrs. D——, aged nineteen years, light hair, blue eyes, fair complexion and of fine muscular development, in her eighth month of utero-gestation, first child.

I saw Mrs. D. on the eighth of March, 1866, early in the morning. Found her sitting in a chair by the fire, being unwilling to remain in bed; had been complaining for ten days with pain in the head, vertigo and restless nights, with swelling and much pain of lower extremities. She was listless, abstracted and unable to comprehend what was said to her; eyes glared wildly, carotids throbbing heavily, pulse 120 full and strong. I ordered her to be put to bed immediately, and while the attempt to do so was being made, she was seized with a strong convulsion, attended with the usual symptoms of this disease, viz: the entire body convulsed; head thrown back and drawn to the right side; eyes rolled upward in their sockets; hands forcibly clenched; rigid muscular contraction of arms and legs; with bloody froth issuing from the corners of the mouth. She was bled instantly to twenty-five ounces, and given calomel, grs. xx.; aloes, grs. x., in powder as soon as she could swallow. Two hours intervened before the return of another fit, during which time an examination per vagina. discovered no indications of labor. During the interim of convulsions, there was

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no return of consciousness or recognition of persons, or events that were transpiring around her. She was again bled to fifteen ounces, and an enema of warm water and soap, with powdered asafœtida given, which produced a large action from the bowels, after which she was more conscious and seemed to understand what was said to her. In three hours had another fit; took five ounces more blood, and repeated calomel and aloes with the addition of asafœtida vi. grs. This convulsion was much lighter than the two preceding. The patient seemed more rational and quiet. In four hours she had another convulsion, which proved still lighter than those preceding. Took three ounces more blood, administered chloroform by inhalation, and repeated the asafœtida injection. She afterwards had two light convulsions at longer intervals,—the bowels having acted freely several times. I left her for the night, returned next morning, and found my patient quite composed and rational, but still complaining of throbbing pain in temples. Ordered a mild diuretic, as her kidneys had failed to act well. I saw her no more until the night of the twelfth, when I found her in natural labor, and in six hours delivered her of a male child, which, judging from appearances, had been dead ten or fifteen days. From the moment labor set in the head symptoms ceased, which had continued up to that time. I fully expected a return of convulsions when labor should come on, as I was convinced the child was dead, which I conceived to be the exciting cause of the convulsions, and as had happened with me before in a similar case.

I will here state that I believe chloroform to have been of material benefit in this case, by controlling nervous excitement; thus quieting the patient, and to a great degree, lengthening the interval between the attacks. But in order to derive any beneficial effects from its use, the patient must be constantly kept under its influence. She had a good recovery, the only trouble being debility from loss of blood.

This is the fifth case of puerperal convulsions that I have treated successfully, relying almost entirely on the use of the lancet. I have had occasion to see used, tincture veratrum viride, digitalis, lactates of zinc, and many other remedies recommended by the profession, but with unsatisfactory results, so far as I have been able to judge.

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ART III.—*Clinical Thermometry.* BY WM. CARSON, M. D.

The claims, which are set forth for the thermometer, in the investigation of diseases, require at the hands of every physician a conscientious examination. A complete scheme of clinical work includes many means more or less valuable. If any one of them can be made more precise or satisfactory; or if new methods can be added to those already acknowledged as useful, we must accept and adopt them. Among those practically familiar with clinical thermometry there is an agreement as to its usefulness, though its precise value and relation to other clinical methods requires further determination. It, in itself, involves and should always be made to include the examination of the pulse, respiration and the excretions. A brief consideration of the relations of animal heat to these will give us a starting point of normal action, and show us a reason for studying the indications of the thermometer in disease.

The first important fact is, that animal heat results from the general and intricate processes of nutrition throughout the system. It is therefore, when accurately measured, an exponent of the various phenomena, manifested in secretion, excretion, respiration, &c. The second fact is that about 98.4° stands as the almost invariable figure, representing the normal performance of all the functions in man. We are all familiar with this fact, yet perhaps overlook its full meaning. That amidst all the varying external conditions, influencing us, and the endless variety in the performance of the functions, this figure should vary so little, and so transiently, should emphasize the deviations from it which disease shows. So permanent is this point that it is agreed that one or two degrees above, if persistent, is evidence of abnormal action of some kind. A third point is that the maximum temperature in health occurs in the morning, quite in contrast with the abnormal fluctuations. As to the comparative sensitiveness of temperature and pulse, Aitken states that the former is "more readily and rapidly affected than either the pulse or respiration, especially in disease." Some experiments made by Dr. Joseph Jones, of Georgia, on himself, and published in 1859, (American Medical Association's transactions) rather oppose this statement, so far as the influence of exercise goes in healthy persons. He writes as follows:

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"ATHENS, January 23—6 o'clock A. M.

Lying in bed, just after waking from sleep, pulse 76, respirations 15, temperature under tongue, 98. Dressed myself and took a walk of two miles over several hills. In thirty minutes after returning, pulse 90, respirations 20, temperature of axilla 98. A gain of 14 in the pulse, of 5 in respiration, while the temperature remained the same. Other experiments showed similar results. This does not invalidate the use of the thermometer—for we shall see that the very sensitiveness of the heart will often lead to wrong inferences. Its extensive and various nervous supplies, subject it to certain influences that, unless corrected by a reference to the temperature, cannot be properly interpreted. As a standard of co-relation between temperature and pulse in health—the figures 98° for temperature, and 60 for pulse are adopted. This of course takes no account of other qualities of pulse besides rapidity. The sphygmograph promises to be a useful clenical instrument in the investigation of the pulse, and has already afforded more accurate information than our sense of touch gives us in some cases. An important fact bearing on the co-relation of pulse and temperature, is that the "excessive heat of the blood stimulates the action of the heart, both by its action on the endocardium and on the cardiac ganglia within the substance of the heart."

A mere statement of the essential phenomena of respiration, will indicate the natural relations of temperature and respiration. These are. "1st. The absorption and consumption of oxygen. 2d. The production and exhalation of carbonic acid. 3d. The intermediate processes between the disappearance of the oxygen and the production of carbonic acid in the tissues and blood (Flint). Under this last head are included most of the phenomena of nutrition, of which, as we have seen above, the temperature is the result. Abnormal heat might act, as in the case of the heart, upon the nervous supply of the respiratory organs, and thus produce increased frequency of movements. For a clinical standard we have no other practical method, than to adopt the standard of about 16 to 20 in a minute, or to 4 or 4½ as co-relating pulse and respiration. Dr. Sanderson in his report on the cattle plague, observes, that much more was to be learned by observing the mode of respiration than the frequency. In that disease the rythm of the act was interfered with, and he considered it of more significance than the mere frequency.

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In relation to particular excretions, as we do not know the proportionate effect of each in regulating temperature, so we cannot fix a clinical value to them. Barral states (Bence Jones, on chemical and mechanical diseases, &c., "that 1 to 2 per cent of power is given out in heat of the urine and fœces; from 4 to 8 per cent in the heat of the breath; from 20 to 30 per cent in evaporation of water from the surface; and from 60 to 75 in conduction, and radiation, and mechanical work." Volumetrical analysis is becoming simplified, opens up a productive field, and may yet be easily available in our common professional work, for the determination of these interesting problems.

We have, thus imperfectly, given the physiological basis on which we think the "thermometry of disease" rests. It remains to indicate the clinical facts of our subject.

The fundamental law of the thermometry of disease is that, as there is a fixed and almost invariable range of temperature for healthy function, so in diseases there is a "typical range" corresponding to their natural history. It is not so much the fact of a simple increase, or the amount of it that we look for, but a certain order of thermometrical expression that indicates to us the regular evolution of the pathological processes of any particular disease. Deviations from this order have probably more value in diagnosis, or prognosis than simply high range, what would be a high range in one disease, would not be so in another, or what is so at one stage is not so at another stage of the same disease.

Proposition V of Dr Jones, of Georgia, who in 1859 made and published elaborate investigations covering this whole subject, is that in malarial fever, "the higher the temperature of the trunk during the cold stage, and of the extremities and trunk during the subsequent hot stage, (stage of equalization of the circulation and chemical action,) the milder and shorter will be the attack as a general rule, provided there be no complication, as congestion of the brain." Our knowledge of the natural course of disease is in constant use in the sick room, and the thermometer in this respect will facilitate diagnosis and prognosis. Immense numbers of observations have been made which prove the relation, indicated in this fundamental statement. We will give brief illustrations upon this point as to special diseases, using the experience of many observers. Prominent among those who have brought the subject forward, is Aitken in his practice of medicine. We are

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inclined to think from our own experience, that disappointment to a certain extent will follow the adoption of his presentation of it. He perhaps does not inculcate strongly enough its combination with other means. We will arrange what we have to present under the heads of—1st. The typical range. 2d. Diagnosis. 3d. Prognosis. 4th. The therapuetical indications derivable from it.

Beginning with a common disease, and in which our own use of the instrument is largest, we give a typical case of typhoid fever. The diagram No. 1 will show a record from our own practice.

For the first three days he was not under treatment. On those days usually the temperature ranges from 99 in the morning, to 102 or 3 in the evening. On admission to the hospital on the fourth day, the temperature was 100 in the morning, and 100.2 in the evening. Gradually the temperature increases in the evening range until the height is attained. Aitken gives the fourth day as that period. Compton (Dublin Quarterly, which by the kindness of Dr. Foster we have before us,) says the maximum may be reached at any time between the seventh and twenty-first days. This latter corresponds to the record in the diagram. Compton also states "there is no particular temperature arrived at on any one day." The "defervescence" is marked by *gradual* decline in the evening range, and an increased difference between the morning and evening figures. Fluctuations occur from special causes, such as arise from constipated bowels, or congestion of the lungs, or a fall from hemorrhage from the bowels. This diagram marks a morning figure as low as 97 about the 15th day. It was a mild case, and seems a fair instance of the typical range of typhoid fever. As to the diagnosis of typhoid fever, every practitioner knows its insidious character, and the patience he must use in making a certain diagnosis. We are satisfied that any one who makes himself familiar with the typical range of the disease, will be enabled to pronounce an earlier diagnosis in many instances. We have seen a number of cases where the incipiency of the disease has been thus cleared of all doubt. We have the record of a case of febricula where the decided expectation of those who saw the case was, that of typhoid fever, but the thermometer negatived it, and proved correct. Compton relates a similar instance. In it there was "a very high temperature within a few hours of the first symptoms of malaise, but in forty-eight hours the temperature was again normal."

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A practical question here arises as to the comparative value of the pulse and temperature in early diagnosis. Can the one be foretold by the other? Certainly it often cannot. This seems very strange when we reflect that a normal pulse includes a much wider range than a normal temperature. Lyons (on fevers) quotes "experiments made by Lichtenfels, and Frolich, which appear to show that in the normal condition the frequency of the pulse and the temperature are independent of each other." He gives a table of his own observations in yellow fever, from which he concludes. "There was no uniformity of relation." The same discrepancy is often observed in typhoid fever. We have a record of a pulse of 96, with temperature of 97.6°, and of 82 with 102°. One author gives the proportion of 1 to 10 beats of increase. Compton states his experience as 1 to 5. The very fact that these discrepancies may exist, is a reason for combining both modes of observation.

"As regards prognosis in typhus and typhoid fevers, we quote from Warter, in St. Bartholomew Hospital Report, Vol. II., the most important rules which can be derived from the records of a single daily temperature seem to me to be two, viz: that a sudden rise of temperature in either indicates some intercurrent disease, as congestion of the lungs, and that a sudden fall of the thermometer in typhoid fever indicates either diarrhea or hemorrhage." We have record of a case, with typhoid symptoms, where about the fifth day there was a sudden rise to 106.4. This occurred in the evening. During the night and towards morning symptoms of congestion of the brain suddenly set in, and the patient died that morning. In this case there was a premonition of eight or ten hours.

A brief synopsis, from Warter, in St. Bartholomew Hospital Report, of the range in a number of diseases not on our diagram, will close this part of our paper.

"The range of temperature in measles is a short and rapid one. After reaching its acme of temperature comparatively early, the thermometric wave takes a rapid downward course. The highest temperature reached in measles is rarely higher than 103°; the disease ends usually by rapid lysis, the pulse and temperature falling together.

"In scarlet fever, the temperature attains its height from the second to the fifth day, the pulse also being highest at this early

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date, and by its extreme rapidity often aiding in diagnosis—the temperature declines gradually, attaining to the normal about the tenth day.

"In facial erysipelas, with relapses, the temperature rises and falls in the most extraordinary manner.

"In active tuberculosis the temperature is always elevated sometime during the day. Although I should not consider a single temperature of even 99.5° abnormal in an apparently healthy person, I should be inclined to regard a persistent temperature above 99° in a strumous patient, as indicative of some active mischief." In a case of rather obscure pneumonia, with persistent dullness of percussion for an unusual length of time, it became a question whether or not there was tuberculous deposit forming. The temperature went to 102° and 104° in the evening. Since resuming business he has had several small hemorrhages from the lungs.

The most complete record of temperature of cholera cases, within our reach, we find in the third volume London Hospital Report. The observations were made during the last summer, in the Hospital, with the following deductions:

"1st. The temperature of the body when taken in the axilla, rectum or vagina, will show to some extent the degree of the severity of the attack.

"2d. The temperature cannot be estimated by the hand at all correctly; this applies to the stage of re-action especially, and a great deal of care and time is necessary to get anything like careful and reliable observations.

"3d. The temperature in the axilla will rise 2° Fahr., after a severe attack of cramps, caused by muscular exertion and accelerated respiration probably.

"4th. The number of respirations in a minute, and the temperature in the rectum or vagina seem to have some relation to each other.

"5th. Cases in which the respirations are more than forty in a minute, and the internal temperature higher than 101°, rarely recover.

"6th. The temperature of the body in roseola cholerica is raised in proportion to the severity of the eruption.

Of forty cases of extreme collapse the lowest temperature in axilla was 90°, while in the rectum or vagina the lowest was 99°.

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The highest in axilla was 97.2°, and in the rectum or vagina was 102.8°.

In regard to the unexplained phenomenon of a rise in temperature after death, the report says: "Patients whe die during the second stage, and have a low external temparature during life, have a sort of reaction while dying, and after death the external and internal temperature rises to what it might have been had they lived a few hours longer. The highest temperature I have taken after death was in a little boy, externally 101.8°, internally 106.2°. Usually it will be 99° in axilla and 102° in rectum. I think it depends on duration of illness alone, and not on alteratibn of tissue, or decomposition having commenced."

These are a small portion of the diseases in which numerous observations have been taken.

Warter, (who, since his article was written, has become a victim to typhus fever, contracted while engaged in his investigations in the hospital,) closes his paper with the following propositions on the value of the thermometer in prognosis.

"A sinking temperature and a rising pulse existing together day by day, are unfavorable; and a comparatively low temperature, as 102°, in the latter stages of pneumonia and typhus fever, does not at all exclude the chance of death occurring.

"In erysipelas, in some few cases of pneumonia and febricula, and in some spinal affections, temperatures above 105° may be met with, without being necessarily of evil prognostic omen; but in most other diseases, a mid-day temperature of above 105° is to be considered a decidedly grave symptom.

"If the pulse, and general symptoms of a patient are favorable, the thermometer, in spite of this, marking a high temperature, the former symptoms are to be chiefly relied on in forming a prognosis, though the latter should make us still more careful in searching for any intercurrent disease, and especially for inflammation of the lungs.

"In cases in which the general symptoms are perplexing, one counterbalancing the other, a very high temperature throws one more weight in the scale for forming an unfavorable prognosis, and vice versa.

"When the pulse and general symptoms on the one hand indicate danger, the temperature on the other not raising alarm from

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being either very high or very low, the pulse and general symptoms are by far the most trustworthy in forming a correct prognosis."

As to therapeutical indications from its use we give two or three. Warter says: "In treating fevers, at any rate towards their close, I think we may derive some hints from the use of the thermometer, for by its marking a normal temperature when, perhaps, the pulse is frequent, the patient constantly delirious, and the whole mouth black with sordes, it shows us plainly that these symptoms are not the result of cerebral inflammation, but depend, in all probability, on exhaustion; hence nutrients and stimuli appear the rational curative agents. We have ourselves seen an increase of temperature originating in confined bowels, rapidly lowered by a mild laxative. In *Medical Times and Gazette*, Oct. 20, 1866, are a number of experiments by Warter, on the effects of drugs on temperature, but we can only refer to them here.

An interesting fact with regard to quinine, is given by Parkes, (on urine, p. 241) "When quinine is given, in ague, it does not so soon appear in the urine as in health. It has no marked effect on the water, urea and chloride of sodium, though it may at once arrest the rise of temperature. The independent observations of Rodenbacher and Ringer seem decidedly to show that, after ague has been apparently cured by quinine, there occurs in the next two or three days an increase of urea, chlorine and water, at the hours when the fit would have occurred but for the quinine. In other words, the quinine dissociates these two symptoms, increased temperature and ureal increase; it stops the first at once, but not the second for some days."

We should not, perhaps, close without mentioning the applications of the thermometer in the cattle plague. This disease has been most elaborately investigated by a commission of scientific physicians, appointed by the British Government. The result of their labors is embodied in a series of reports of great range, and interest even to the physician. The commission, in speaking of the earliest symptoms by which the disease could be indicated, says: "As to this point, the inquiries establish this fact, that a rise of temperature precedes any other symptom. Within a period ranging from thirty-six to forty-eight hours after an animal has taken the cattle plague by inoculation, the temperature rises from

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102° Fahr. to 104° or even 105½. This occurs when the animal appears no way ill." It is "inferred that, although the increase of temperature is of inestimable value for the recognition of cattle plague in its earliest stage, it is not of much importance, as an aid to prognosis, for the cases in which the highest temperature was recorded were precisely those of which the issues were most favorable," a fact confirming Dr. Jones' statements as to intermittent fever. "It is to be observed that although the absolute increase of temperature has but little relation to the severity of the case, the variations which occur during its progress are much more significant. If the heat of the body begins to decline rapidly during the fifth or sixth day, the change indicates with tolerable certainty that death is approaching. In animals about to recover the temperature also falls, but the decline is much more gradual, and does not commence until the seventh or even the eighth day." Prof. Gamgee gives an instance, where on examining forty-two cows, several of which were eating and ruminating, and others giving a full quantity of milk, he found all, with the exception of one, with a temperature from 104° to 107.8° on the 18th November, on the 25th only five were alive."

The frequency of the pulse was not reliable, "either for diagnosis or prognosis." The quality or strength of the pulse was more reliable, for "changes of arterial tension are more easily appreciated in bovine animals, than in man, because of the more complete exposure of the artery."

Such is an imperfect review of the present aspect of this subject, before the profession. The practical application of the thermometer in private practice has not as yet been extensive, at least in this country. It's supposed consumption of time and attention can be, even if true, no argument against its adoption, provided its value become thoroughly proven. No one could afford, on that ground, to neglect it.

The axilla has been almost universally adopted as the most convenient and reliable point of application. The instrument should remain in place, the patient having been in bed for a time, until the column ceases to rise. If it ascend rapidly we may infer a more active febrile condition, than when it rises slowly. The bulb of the instrument must also be well protected from the atmosphere. We have used, generally, a case of the Aitken instruments, which are certainly accurate, but difficult to read. We had, for a time, a

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German instrument, graduated to the 1-10th of a degree. It was accurate and convenient. At present no good instruments are easily obtainable here. Some from New York we found untrustworthy. The diagrams which we now use are those recommended by Prof. Flint, in the *New York Medical Journal.* They contain columns for date, pulse, respirations, temperature, and date of disease, and can, by brief memoranda, be made to give a good history of any case.

ART. IV.—*Case of Non-Puerperal Pelvic Cellulities, terminating fatally.* BY T. H. KEARNEY, M. D.

Sarah ——, aet. 22, colored, a native of Tennessee. Admitted to St. Luke's Hospital, April 12th, 1866.

Has been working as a cook for some time in this city. Though unmarried, had a child four years ago. She states that about two months since she was taken sick, with vomiting and purging; the alvine discharges having been of a light color. Those symptoms were succeeded by pain in the right iliac region, and great distress upon making water. Her appetite and strength failed; but she still continued to work over a hot stove, bracing herself with alcoholic stimulants to enable her to do so. A physician was called, who attended her for some days; but as she continued to grow worse, she was brought to the hospital.

Condition on admission.—Is very feeble, but not emaciated; pulse 108 to 112; appetite very poor; bowels loose and discharges of a light color; tongue dry and pointed, with redness of its tip and edges; decided tenderness in the right iliac region.

Was ordered Dover's powder with a grain of calomel at bedtime.

13th.—Rested poorly during the night; pulse 108 and feeble; other symptoms unchanged.

R. Pulv. Doveri gr. jv every 4 hours. To have beef-tea freely.

15th.—Severe pain in the epigastric region during last night, accompanied by vomiting; the matter ejected being decidedly bilious. Increased tendency to diarrhea, which was temporarily controlled by a dose of morphine.

21st.—Very little changes since last note. The nocturnal attacks of vomiting and pain still recur. Tongue somewhat moist now. Pulse 112. Has had very little medicine except an occasional anodyne at night. Although no febrile reaction has been observed,

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yet in view of the seeming periodicity of vomiting and pain at night she was ordered quinine in anti-periodic doses.

23rd.—No improvement from the quinine, which was to-day reduced to tonic doses.

25th.—The diarrhea still continues; the evacuations being lighter in color than they were. The gastric irritability also continues; and the tenderness in the right iliac region now extends to the hypogastrium and partly to the left iliac region. A per vagina examination revealed some enlargement with slight descent of the womb, and decided fixedness through inflammatory adhesions; though no pelvic tumour could be discovered, but a general thickening of the pelvic tissues.

R. Emplas. Canthar. to the seat of tenderness.

29th.—For the past two or three days she seemed better; but at present the irritability of her stomach is increased. Tip and edges of tongue still red. Pulse 112.

30th.—The hypogastric tenderness much increased; strength failing; appetite very poor; pulse 120. To have beef essence regularly every three hours, if tolerated by the stomach.

May 2nd.—Seems somewhat better, but is very week; pulse 120; tongue not quite so dry. The greatest tenderness now is in the *left* iliac region. Bowels moved three times last night.

4th.—Slept but little last night, as usual. The irritability of her stomach has subsided, and her bowels have not moved since last evening. Complains of suffering greatly when she urinates; the water letting fall a heavy deposit after standing awhile, which is partly purulent.

6th.—Slept some last night, and seems a little better. The pain has somewhat diminished; has some desire to eat, and there is no irritability of the stomach at present; bowels moved twice yesterday; passed water frequently during the night, with the usual amount of distress; urine still turbid; pulse 128.

During the latter part of the day she grew rapidly worse, failing entirely to respond to the free use of stimulants, and at 8 o'clock, P. M., she died.

The treatment, latterly, has been supporting, and tonic, with the free administration of anodynes, and occasionally Bismuth, as the condition of the stomach and bowels indicated. The tincture of iodine was also used, locally.

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Autopsy, fifteen hours after death:

Rigor mortis well marked. Body well nourished: adipose tissue abundant in abdominal walls and omentum. The cavity of the pelvis and iliac fossæ contained ten or fifteen ounces of purulent serum, with shreds of lymph. Lymph deposited in large amount on the surfaces of the pelvic viscera, omentum and lower bowels—agglutinating those parts at all points of contact. The whole extent of the peritoneum, both parietal and visceral, was studded with tubercular deposit. The right broad ligament of the uterus was much thickened, and excavated into the ragged, irregular cavity of an abscess, which also extended into the substance of the ovary of the same side, and opened into the cavity of the peritoneum—though, at what particular point, it was impossible to determine, in consequence of the very extensive lymphy effusion which covered and obscured all the parts in the pelvis. The uterus was enlarged, somewhat depressed, and fixed by the surrounding inflammatory adhesions. Though its substance was rather anæmic, the lining membrane of its body was congested. A circular perforation, three lines in diameter, existed in the posterior wall of the sigmoid flexure, but in consequence of the extensive and complete adhesions all around, the escape of the intestinal contents into the peritoneum was prevented. The lining membrane of the urinary bladder was congested, with some spots of ecchymosis, and extensive loss of its epithelial layer, in patches; Both ureters were found enlarged. The left kidney rather large and much congested, with a small collection of pus in its pelvis. Its fellow of the right side, though normal in its general appearance, also contained pus. Liver a good deal enlarged, pale and mottled. Spleen normal. Stomach not examined; neither were the viscera of the other cavities.

Remarks. This poor patient was, unfortunately; but little able to give a reliable statement of her symptoms and feelings, as she was, seemingly, highly imaginative, often dwelling on trifling feelings and conditions, while she entirely overlooked or remained silent on matters of importance connected with her case. She was also morose and peevish, a state of temper which is, perhaps, more or less characteristic of her race, under sickness. She never mentioned the occurrence of chills or rigors, even when directly questioned on the point. At no time did she complain of general abdominal tenderness; but always localized the soreness. Even when examining her for suspected hepatic disease, a few days be-

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fore her death, she distinctly denied the existence of any pain or soreness in the abdomen, above the level of the iliac ossæ. Neither was there tympanitis or any other fullness of the abdomen developed, up to her death. No hectic, or other febrile exasperation was observed at any time by the house physician. The often recurring vomiting was, almost invariably, decidedly bilious.

The points of most interest connected with this case are, perhaps, the mode of its termination, and the absence of any symptoms sufficient to excite even a suspicion of the extensive peritonial disease which existed. For the opening of a pelvic abscess into the peritonial cavity is stated to be a rare occurrence, and, though chronic inflammation of the peritoneum is well known to be remarkably insidious in its course, yet one could hardly behold the state of things revealed by the autopsy in this case, without wondering that some evidence of the condition which existed, was not afforded before death. The pain felt in the left iliac region was, doubtless, dependent on the ulceration in the sigmoid flexure; and the sudden sinking shortly before death, in all probability, marked the occurrence of the rupture of the abscess, by which its contents were discharged into the peritonial cavity, there mingling with the serum and lymphy flocculi already existing as the result of the general inflammation of its surface.

It is to be regretted, that in taking her history, the condition of her previous menstruation, as well as other points, were not inquired into.

ART. V.—*Sequelæ of Diphtheria.* By W. W. SEELY, M.D., Prof. Opthalmology and Aural Surgery, Medical College of Ohio.

There are one or two of the sequelæ of diphtheria of considerable moment, which seldom receive more than a mere allusion from those who speak of the disease in a general way, as they require weeks, sometimes months of treatment from those into whose hands the patients fall, after a recovery from the general disease, it may not be time lost to consider them.

In the enumerations of the sequelæ, you will generally read "The voice becomes husky; swallowing is not accomplished without difficulty, and fluids are apt to return through the nose; vision may be defective; the eyes easily wearied, and objects after a short time are blurred and indistinct."

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It is these symptoms of which we wish to speak somewhat at length. First, as to the huskiness of the voice—difficulty in swallowing fluids.

In examining many throats in which these symptoms are found, the mucous membrane of the mouth and throat will be found normal; the tonsils even but little swollen, so a little careless examination will hardly reveal the seat of trouble. In every day experience in looking into the throat, depressing the tongue, and having the patient draw in the breath through the mouth, we see the normal action of the soft parts, viz., the uvula, as the breath is drawn in, becomes shortened; the soft palate rises, and the arches contract. In swallowing, which requires a stronger effort, all the above changes are exaggerated. Now, what do we find in examining a throat when there is this huskiness of the voice and difficulty in swallowing fluids.

If we institute the above examination we will find, in well marked cases, a lengthened uvula, which hangs almost motionless; arches which contract imperfectly, and a palate which ascends but little. This condition of affairs at once explains the phenomena, and the whole is one of direct cause and effect. There are in some cases two marked lesions of speech:—first a speaking through the nose; second, a rattling sound, or rather, snoring. In examining a well marked case of this huskiness of the voice the other day—a case which appeared on account of the ocular trouble—I had an excellent opportunity to examine the soft parts, both as to their physical appearance and their effect on the voice. The speaking through the nose of course was the effect, a non-closure of the nasal cavity, from a failure in the action of the soft palate. The rattling or snoring sound has been accounted for by a quivering of the uvula, which comes in contact with the tongue.

These lesions are due to a paralysis, more or less complete, of the muscles in this part,—the nerves being affected by some poison in the system.

The cough met with in many of these cases seems to result from the lengthened uvula. This is a hacking cough, to be distinguished from that which results during eating, caused by the regurgitation. The dimness of vision is caused by a similar lesion with the vocal trouble, viz., one of innervation. It is now known, and readily demonstrated, that the dimness and fatigue of which patients complain, are not due to an inflammatory

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trouble of some of the inner tissues of the globe, but to a defect in the accommodative power.

Possibly for the general reader, a few words on "accommodation" may not be out of place. What is meant by "accommodation of the eye" is its power to bring at will rays of different focal distances to a focus upon the retina, or more exactly, upon its most external layer, that of rods and bulbs. Not so learnedly expressed, it is the power of seeing, at will, objects lying at different distances from the eye.

The seat of this wonderful faculty is in the lens, and in it alone, and the change brought about in it is due to muscular action, and the muscle is innervated by the short branch of the third pair of cranial nerves. The normal condition of the normal eye is a state of rest, when objects at all points, at or beyond eighteen or twenty feet are regarded, there is no accommodative action. Now when nearer objects (than eighteen or twenty feet) are looked at, we begin to accommodate the eye, the ciliary muscle—the accommodation muscle,—contracts, the lens increases in thickness, and its focal distance shortens. Not to enter too far into the subject, the muscle of accommodation is brought into play whenever an object this side of infinity, (or eighteen feet, which is the beginning of it for all practical purposes,) is regarded.

Now let us apply the above in explaining the "dimness" and "fatigue" of the eye, of which so many patients complain after recovery from diphtheria.

First, what do we find by a physical examination; usually simply this, a greater or less dilatation of the pupil or pupils, they having very little action, either reflex or accommodation.

An opthalmoscopic examination reveals but a normal condition of the media and retina. It has already been said that a change in the lens brought about recommodation, so the dilatation of the pupil, caused by partial or complete paralysis of its sphincter muscle would not give us any clue to the cause of the trouble.

We ask the patient to read, and he immediately tells you he cannot, or that he cannot continue but for a short time, and in the trial he may hold the book off at arm's length.

You ask him—provided he does not volunteer the information—how he sees in the distance, and the reply will be—perfectly.

Now, what have we? Simply a lesion of accommodation. He sees in the distance because it requires no effort of the accom-

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modation muscle; but when near objects are to be regarded, then action on the part of this muscle is needed, and it fails either partially or wholly, as it is partially or wholly paralyzed.

In some cases there may be doubt as to this muscle being affected, as no dilatation of the pupil is seen, but this fact must be borne in mind, that notwithstanding the sphincter of the iris and ciliary muscle are supplied by the same nerve, the third pair, a paralysis of both muscles at the same time does not necessarily occur; again, it may have occurred, and that of the iris disappeared, while that of the cilian muscle still persists. It may happen that the patient would see well in the distance. If he says his vision was formerly good, of course we conclude myopia, or near sightedness, and try convex glasses, and find that vision is benefitted, perhaps rendered normal. In such a case, the phenomenon is due to a defect in the refraction of the eye, which had been concealed by the action of the accommodation muscles.

The prognosis in these cases is favorable. Children usually recover from both these lesions, without the assistance of art, in from one to three months. A knowledge of the nature of the troubles will inform us of the therapeutics, if not in both cases, at least in the first. In both we think local treatment is that upon which we are to rely principally. Still the general system must be braced up by tonics when the necessity presents.

The local treatment for the paralyzed (or paresed) muscles of the palate and pharynx, is exercised, and gargling will be the means at once suggested. Laying some stress on stimulations, the gargle can be made with an astringent. The astringent gargle will be especially called for if there is congestion of the mucous membrane and enlargement of the tonsils. We have the same condition of the internal muscular system of the eye, with that of the other parts of which we have spoken, and consequently a like theraupeutical indication—stimulation and exercise. Until recently, mydriasis (dilatation of the pupil,) and paralysis of the accommodation were to a great extent left to nature, as a myotic was unknown, at least one of much efficiency. There were several substances to which myotic properties were attributed, as meotine, ext. aconite, digitalina, secale cornutum, opium, etc., but it was not until that powerful myotic property in the Calabar bean was discovered, that we came in possession of an efficient myotic. This bean has not only the power of contract-

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ing the pupil, but like atropine, has a double property, adding to the myotic a stimulating effect upon the ciliary muscle. This, then, is the remedy that will give the gymnastic exercise to the ciliary muscle. A little of the extract, or gelatine, put in the eye once a day for a few days, will accomplish more than nature will in that many weeks, possibly never. Having then, in this medicine a perfect remedy, of course glasses should not be made use of during the time; if this remedy should be employed, and use of the eyes cannot be avoided, then recourse must be had to them. It is true they will enable the patient to see, but it is ignoring the disease.

SELECTIONS.

Charge of Lord Chief Justice, in case of Hunter v. *Sharpe.*—(Continued from page 26.)

Then, as to the enlargement of the uvula, we are told that when neglected it culminates in permanent injury to the lungs, and often developes tubercular consumption. It is startling to be told that a person who has that trivial, though annoying complaint, is on the way to decline. (A laugh.) Now, could a person conversant with such matters honestly say these things? The medical witnesses have told us that all this is entire delusion and untruth. And when we find such statements as these put forward—calculated to excite great alarm in the minds of those, especially the nervous and the timid, who may be subject to these complaints, or who may read these statements in the columns of a newspaper, it is for you to say whether these statements were put forth under the honest conviction of their truth, or for the purpose of frightening people into the belief that they are in great danger, when in point of fact they are only laboring under trivial complaints.

Then we meet with such passages as these, speaking of bronchitis:—"There is something so gratifying in being assured by the family physician that there is no danger of consumption;" that the "cough is a mere trifle, and will speedily pass away, if left to itself;" that it is not surprising that the flattered patient entirely overlooks the important fact that no careful examination

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of the lungs has been made to determine the health or disease of this organ; that this gratifying opinion, therefore, is founded on nothing reliable, and is but tampering with human life, so that we cannot place any confidence in our medical attendants. Then we are told that these complaints, when neglected, invariably end in consumption. Now, looking to all these representations, and the manner in which they are put forward, the question is, are they put forward with the honest desire of warning those who may be subject to such complaints, or for the two-fold purpose of frightening persons who ought rather to be encouraged and cheered, and induced to look hopefully on their condition—frightening them into such a state of alarm as to induce them readily to believe that they are in a state from which Dr. Hunter alone can rescue them? According as you take the one view or the other on that question, your opinion upon this article may be different. But now, in all those cases in which motives are concerned, we naturally ask ourselves whether the man had any interest in the result. What is the position the plaintiff assumes with reference to that? It appears that not only with regard to consumption, but all the other diseases or ailments which he represents as cognate with it, they are only tampered with by ordinary medical men, that medicines are of no avail, that there is but one remedy for consumption, and that is Dr. Hunter's system of inhalation, and that we must go to him, and him alone, to be cured; and it is said that it is with this view these alarming statements are made, For instance, we are told: "If, therefore, you have a hacking cough and a slight shortness of breath on exertion, accompanied by an increase in the frequency of the pulse of ten or fifteen beats per minute, you cannot doubt the existence of mischief in the lungs, and should instantly set about its removal." This is sufficiently alarming, certainly, and is it right or honest to the public to put forward such representations as these? And what is the motive for it all? Is the motive to promote his own interests? The whole tenor of the book is to show that it is useless to go to our ordinary medical practitioners, no matter what confidence we may have in them; although they have treated us for years, and have the highest reputation in the profession, they can do us no good; they will buoy us up with false hopes, which only lure us to our destruction; they will tell us, "Wait till the spring; have a change of climate." The spring will never come, and the only

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country we shall see is that beyond the grave. The only remedy is inhalation, and that cannot be obtained from them. They are ignorant and bigoted and incapable; they do not understand or appreciate it; they are useless, therefore, and worse than useless to us; one person alone can save us, and that man is—Dr. Hunter! (Laughter.) It is impossible to read this book, with all its reflections upon the medical profession, without seeing that the only conclusion is that we must abandon all other medical advisers and put our faith in him. And if you are of opinion that he urges his readers to that conclusion upon grounds which he must, as a medical man, have known to be fallacious, then the article would be justified. It was pressed by the counsel for the plaintiff that new discoveries or novel views in any science are always received with discouragement. That is true; but, on the other hand, we know, by the experience of all ages, back to the very origin of history, that there have always been men who have practised upon the fears and credulity of mankind, and especially pretenders and imposters in regard to medicine—men who have trafficked in the misery and sufferings of their fellow-creatures, and aggravated the sufferings they pretended to mitigate or heal, for the mere purpose of their own sordid interests, and without regard to the miseries of the disease they aggravated, while pretending to cure.

And to denounce and expose such pretensions and imposters is perhaps one of the most meritorious actions that can be performed by a public writer, when actuated by an honest zeal in the exercise of an honorable vocation. Therefore, we must look at both sides of the question. It may be that the plaintiff, while he makes dupes of others, is himself a dupe, and he may have persuaded himself, as many have done, with their notions and fancies, that his views were founded on truth, though really they may be based on error. But, on the other hand, it may be—especially if he has, indeed, that medical knowledge which his counsel represents him as possessing,—it may be that he knows the best way of preying upon mankind, and of bringing patients to consult him, is to work upon the fears of the nervous and the timid; that he may know that his pretended theories and pretended remedies are alike delusions, and as calculated only to end in disappointment and death, as he represents ordinary remedies to be. It is for you to judge between these two views of the

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case; and though it does not follow merely because his system is delusive that therefore he is an imposter, yet if you believe he puts it forth dishonestly, then indeed you may find it proved that he is an "imposter" and "a scoundrel," as he is represented to have been. Nor must we confine our attention altogether to the book itself, however important it may be in guiding you to a conclusion upon that question. There is something more than that. You must look to the circumstances of its publication, and, above all, the method of advertisement which had been pursued by the plaintiff, It has been stated in evidence that a medical man who comes forward to propound a new remedy, or new mode of treatment for a disease, always discloses it fully for the benefit of the profession and the public, and does not confine himself to mere vague, indefinite references to the kind of remedial agencies he employs. He does not describe his treatment in language so vague and indeterminate as to convey no real information; but so as to enable medical men to apply it. The evidence, however, is that the plaintiff's account of his system or book is so vague that medical men cannot make out what it is. The application of oxygen by inhalation is its great feature. Every one knew long ago that sedatives might be applied by inhalation as a means of mitigation, or even of cure, in diseases such as asthma, catarrh, etc. But the essence of the plaintiff's system is the application of oxygen by means of inhalation for the cure of consumption; and it is said that the plaintiff wholly fails to describe how the oxygen is to be obtained or administered. This omission is certainly an important means of forming a judgment as to the distinction between a man who desires to benefit the profession and the public, and the man who is merely seeking to practice an imposition upon mankind. It is said, indeed, by way of excuse, that the book was not written for the profession, but the public, and that its object is to popularize the subject. Now, no doubt, it is laudable to popularize science or knowledge so far as it can be done with good effect, and we have seen in my own profession an illustrious instance of successful popularization even of legal subjects by one who is a master of legal erudition, (alluding to Lord St. Leonard's *Handy Book.*) But it is very different, indeed when we have a book like that before us, which denounces the whole medical profession as ignorant, bigoted, and incapable, and holding them up to contempt, and which, at the same time does

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not disclose the system it professes to propound, so as to enable them to judge of it and test it, and if it is found valuable, to apply it for the benefit of mankind. There is here an important and characteristic distinction between the man who writes honestly for the purpose of informing and benefiting the world, and he who writes merely with a view to drive patients into the hands of a particular practitioner. But that is not all. The book, it is said, goes through edition after edition with unexampled rapidity, so that there were five editions wanted in the course of a month or two. If that were so, and if these were really different editions, in the ordinary sense of the term, one can hardly see how republication of it in the form of advertisements should have been deemed necessary, for the whole population must have been employed in reading it. (A laugh.) However, it is republished in a serial form in advertisements, taking up whole columns in the newspaper, and it is published with prefaces by Dr. Melville and Dr. McGregor, as if they were independent practitioners, who have become so sensible of the extraordinary merits of the new system that they could not let it go forth to the world without the stamp of their approval; whereas, they were all the while Dr. Hunter's paid assistants. And then, finally, follows the "card" of Dr. Hunter, announcing that he—the "author of the foregoing letters,"—will, "during his sojourn in England, in association with Dr. Melville, give his personal attention and supervision to the treatment of all forms of bronchial and pulmonary disease. Hours, 10 to 4 o'clock." Gentlemen, I hope the time is far distant when any member of a liberal profession in this country publishing a treatise on any branch of science shall descend to such a piece of clap-trap as that! Now a word as to the advertisements. Not satisfied with the unprecedented success of his book, Dr. Hunter must needs republish it by advertisements filling whole columns of *The Times*, and numerous other newspapers in town and country. It is said in excuse that he comes from America, and that there it is usual; but however that may be, happily the practice has not extended itself here; and the writer of the article was writing with reference to English usages. If it were open to professional men here thus to advertise themselves, the dignity and honor of a noble profession would be tarnished and soiled. A member of my own profession, who should re-publish a treatise in the papers, followed with a card of his address, would be scouted

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from the profession; and what difference is there in this respect between the professions of medicine and of law? They are sister professions, equally amenable to the same rules of professional honor, and therefore I must say, that whatever may be the practice in America, (and I cannot believe that such practices are resorted to there by members of the medical profession or any other liberal profession), I hope it will never be deemed consistent with professional honor in this country to resort to such practices; and I cannot but think that the writer of this article was right in denouncing the practice as unworthy of an honorable profession. You are at liberty, then, to take all these matters into your consideration, and thus to determine the question whether, on the whole case, you are of opinion that the plea of justification is made out. That is, that the plaintiff did seek to work unduly on the fears of those who might read his publications; and thus to lead them to believe that he alone possessed a remedy. It is for you to say whether, on the whole, you believe he wrote honestly, or with the design which is imputed to him. The plaintiff however, has called attention to certain cases of cures. Of these cases I have made an analysis, and it appears that there were twelve witnesses who gave such evidence, of whom seven were cases of asthma, two of chronic catarrh, and three of bronchitis. Of the latter, one had been told by the plaintiff that he had tubercular deposit, and another had been told by a medical man that his lungs were "affected," and a third "slightly so." Therefore, out of the twelve cases there was one only in which it could be suggested that there was any tubercular disease. And it is admitted by every one that in those cognate diseases inhalation has been resorted to by medical practitioners; and the honesty or dishonesty of the plaintiff depends, it is obvious, upon whether he really believed that his treatment would meet and remedy tuberculous diseases. It is for you to judge whether his case was materially advanced by these instances. He adduced, indeed, two other instances in the evidence taken in Canada, by commission. Of these, one patient said he had complained of consumption, and that a medical man had told him he had a severe affection of the chest; and the other was told by the plaintiff himself that he had consumption. Then as to the Countess Rodowlinski, her own medical attendant did not deem it a case of consumption, and though the plaintiff, whom she consulted by letter, said it was, she certainly

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recovered very rapidly; and as regards the impressions of patients themselves after reading the plaintiff's book, they might naturally be rather alarmed. And we must bear in mind that the case for the defense is in substance that persons have been thus alarmed, and under the influence of this alarm induced to fancy themselves victims of consumption, when they really were not so. Such, however, are the instances adduced by the plaintiff to show that, however fallacious may be his theory, at all events he is not guilty of quackery. You must say upon the whole whether you consider the plea of justification to be made out. But suppose you cannot go that length, that will not conclude the case. It will bring the defendant to his second ground of defense, which, in that event, you must consider. Under that head of defense, he says that it was a matter of public interest and public concern; that the plaintiff invited people by his advertisements to submit to his system of treatment; and that, if he, the defendant, really believed it to be a delusion, then he had a right to maintain that it was so; and that even if, in drawing inferences of imposture and bad intention, he fell into error, yet if he wrote honestly, and with the intention of exercising his vocation as a public writer fairly and with reasonable moderation and judgment, he is entitled to the verdict. And I entirely agree in that view. Here is a man challenging public criticism by bringing forward what professes to be a new system of treatment, and inviting the public to adopt it as the only means of curing the most destructive disease known among us. In doing this he challenges public criticism, and if a public writer, using a reasonable degree of temper and moderation, as behoves any one who makes imputations upon others—if a public writer thus discussing the subjects in the exercise of his vocation, falls into error as to the facts or the inferences, and goes beyond the limits of strict truth, he is nevertheless privileged. The occasion is a privileged one, and if the privilege is exercised honestly, faithfully, and with reasonable regard to what truth and justice require, then, though he may exceed the limits of what he can legally prove to be the truth, he is protected from liability. It is not therefore necessary that the justification should appear to you to be made out, if you think that the defendant, or the writer, was in the reasonable and honest exercise of his vocation as a public writer, even although he was not fully warranted in drawing the inferences he did as to the conduct of the plaintiff,

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and though it may be that he was not entirely justified by the absolute truth. As you may be of opinion, therefore, on one or other of these questions, your verdict will depend. Assuming that it is for the plaintiff, then will arise the question of damages. The article certainly was one calculated to inflict great pain and cause much injury. It is written with extreme bitterness and severity, and its language is of the strongest description. But you must not forget the circumstances under which it was written. It has been suggested that it was written by some medical man I think it is extremely likely, and hope that it was so, for in that fact I should find great ground for indulgence, even if you should think the article neither justified nor excused; because it is plain to any man who reads it that it was written in a spirit of honest indignation, such as a member of the medical profession well might feel, seeing the way in which a member of it was soiling and degrading its honor and character by this system of advertisment. And if the writer of the article was satisfied in his own mind—as you cannot doubt he was—that the plaintiff's system was delusive and that he himself was a pretender and a quack, then we cannot wonder that in his honest indignation he should have put gall into the ink when he wrote to expose the conduct which he denounced. It was not the case of a man sitting down to gratify personal spite or professional malice, but a man writing honestly to denounce what he honestly believed to be a system of quackery and imposture, and to vindicate the honor and the character of the profession of which he was a member, and to do his duty to the public, in whose interest he was writing."

The jury, at the close of the summing up, retired to consider their verdict, and were absent an hour or two. On their return they gave a verdict for the plaintiff—damages, one farthing.

In answer to the Lord Chief Justice, they said they had considered the whole of the article.

Dr. J. C. Reeve on Anæsthesia. Those of our readers who are subscribers for the *American Journal of the Medical Sciences*, must have been much interested in the able article upon Anæsthesia, in the January number of that sterling quarterly. Its authors Dr. J. C. Reeve, of Dayton, O.—whose valuable contributions have

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so often enriched our own journal—has furnished a model of revised writings, impartial, of graceful composition, of thorough analysis, clear and connected. Indeed, so much have we been impressed with the excellence and value of this effort, that we wish our space permitted its republication entire; but we must content ourselves with the subjoined portion, which is the conclusion of the thirty-five pages which the article occupies in the *American Journal.*

"The amount of danger is not only small, but more important, for it is in a great degree preventable. Probably we shall continue to have deaths from emotional causes so long as the human mind continues what it is; so long as the body remains what it is we shall have those deaths in prolonged operations where chloroform is "one of the factors" in producing it. But with "our increased knowledge, and exercising an increased care," we look for the others to disappear from the annals of medicine. Nothing will tend so powerfully to promote this result as a careful study of the chloroform literature of the present. Not only will such a study increase the frequency of its use until the axiom of Syme is generally accepted, that "every case for operation is a case for chloroform," but it directly and powerfully adds to the safety of the patient and the comfort of the operator. No contrast can be greater in either respect than that between an administrator of anæsthetics, who is timid, and justly so, because he is a believer in the pernicious doctrine that no reliance can be placed in the regularity of their action, and one which is imbued with the doctrines that irregularities of action arise from irregularities of administration, who has confidence in his remedy and feels that he has the power to control it. The one dreads the arrival of the hour for the inhalation, and thanks his stars when it is safely over. He is fearful, and administers the vapor irregularly; while the patient, escaping the dangers of inhalation by jerks, is exposed to those arising from incomplete anæsthesia, and the surgeon is annoyed and bafled in his manœuvres by the struggles of partial sensibility. The other proceeds steadily but cautiously to the end in view, he "makes haste slowly," and with a boldness tempered by wisdom, carries his patient down into the dark valley which borders on death, drowns human agonies in the waters of Lethe, and triumphs in the crowning glory of his art.

If the present of anæsthesia is cheerful and satisfactory, the future, too, looks bright and promising, and we cannot close with-

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out calling attention to the fact. The number of agents known to produce anæsthesia, the extent to which they are being tried, and the amount of attention directed to improving this branch of our art, all give evidence of further advances in our knowledge. We think no one can rise from a careful study of the present condition of the subject without feeling convinced that we shall not much longer be limited to the agents now known, and that the day is not distant when, to quote the eloquent address of Mr. Bowman to the British Medical Association, "in the sure progress of our art, some other anæsthetic shall be found without even the slight inconveniences of chloroform."

New Method of Employing Heat as a Resuscitating Agent. By JOSEPH G. RICHARDSON, M. D., Union Springs, Cayuga Co., New York. (From the American Journal of the Medical Sciences, for January, 1867.)

In the number of this journal for January, 1866, on page 225, appeared the abstract of a paper by Dr. B. W. Richardson, of London, detailing the commencement of an investigation into the means for rekindling the vital spark when almost extinct, which gave promise of very important results, had not the experimenter's attention been diverted to the opposite desideratum of accomplishing a temporary local death; which he did by the application of ether spray, an invention that has been received, and justly, with so much eclat by the profession both of Europe and of our own Western Hemisphere.

The following case occurred to me shortly after reading the above mentioned digest of Dr. Richardson's paper, and it was during the long hours of anxious night-watching over its subject, the uncertain pulsations of whose feeble heart I was so earnestly striving to invigorate, that those experiments led me to the practice which proved so successful in renewing its frail life, and which I propose briefly to narrate, hoping that it may assist some brother practitioner under circumstances of similar urgency:—

"On the 17th of February, 1866, I was called to attend Mrs. J. McC., a healthy woman of robust constitution, whom I had delivered some two years before of a still-born infant, after a very protracted and exhausting labor, the consequence of a marked

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narrowing of the pelvis at its inferior strait. Finding that parturition was again rapidly approaching, and that the pains were active and frequent, I immediately examined per vaginam and discovered a breech presentation, which, coupled with the probability of another tedious labor, even under the most favorable circumstances, rendered the prognosis as regarded the child's life a very serious one. After the anticipated delay, delivery was accomplished, about half-past one o'clock on the morning of the 18th; but the infant, when born, was completely relaxed, and made no effort to respire, although a feeble pulsation was perceptible at the præcordia. The usual treatment of the hot bath, cold affusion, &c., &c., being employed without effect, I resorted to artificial respiration, and after a few repetitions of the mouth to mouth process of insufflating the lungs, finding that the heart seemed to beat with a little more force, I was encouraged to continue the treatment. Half an hour elapsed, however, without any further signs of life, and I was about to abandon the case as hopeless, when the child gave a single gasp, which was succeeded by others at intervals of nearly a minute; still continuing artificial respiration, I now sought to reinforce it by bathing the chest with whisky, moistening the lips and tongue with a mixture of spirits of ammonia, applying mustard to the feet and epigastrium, and friction to the extremities; but although by these means voluntary inspiration was obtained at decreasing intervals, until at the end of two hours, phrenic contraction occurred about every twenty seconds, yet I had the disappointment of finding that whenever artificial expansion of the lung was intermitted, as, through fatigue I was several times compelled to allow it to be, the intervals between the voluntary efforts became greater and the cardiac pulsation grew more feeble. Seeing, therefore, that the treatment hitherto had in reality accomplished only a temporary and evenescent resuscitation of the powers of life, and spurred on by the obvious necessity of some more potent means, I mentally reviewed the record I had so lately read of Dr. Richardson's remarkable success in restoring the heart's motion by injecting hot blood into the coronary arteries, and after many fruitless efforts to invent a feasible plan for applying that process in the case before me, hit upon the simple expedient of heating the blood in the veins themselves, and then assisting by external pressure to force it back to the heart; with the expectation that

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with the partial absence of that usual refrigerating agency, inspired air, it would pass over the short pulmonic circuit and be distributed to the cardiac structure without any material diminution of temperature. To carry out this idea I directed a hot fire to be kindled up in the large cooking stove, and having made a bed of old flannels on its ample hearth, I laid the corpse-like body upon it, and with the assistance of some attendants heated the child's legs and arms alternately only a little short of the blistering point, and then by firm centripetal friction drove the hot blood along its desired course. The effect of this treatment was almost miraculous; the heart's pulsation, which, in spite of three hour's labor with artificial respiration and its adjuncts, had continued feeble and uncertain, grew rapidly full and energetic; the respiration, which had commenced again to prolong its intervals, changed its gasping character, became continuous, and although groaning, otherwise almost normal; and to crown all, the limbs, which had heretofore dangled relaxed from the apparently lifeless trunk, soon exhibited signs of vitality, which, beginning first, after some ten minutes roasting, with a slight tremulous movement of the extensors of the right leg, gradually traversed the entire muscular system, until the whole tiny frame shook like an aspen leaf, quivering, one might almost think, with too rude a blast of the breath of life. I remained with the infant for an hour or so longer, and experienced the intense satisfaction of observing a continued, though tardy improvement, the skin gradually losing its blue color and assuming the pink tint of a healthy new-born babe's. Being then compelled to visit some patients at a distance of several miles, I reluctantly left it in charge of the attendant, with the strictest injunctions against attempting to give even the smallest particle of food or drink, fearing, as I did, that the muscular movements were not yet sufficiently established to enable it to swallow. On returning, about two o'clock in the afternoon, I can hardly describe my vexation at finding that some ignorant and officious old woman of the neighborhood had insisted on feeding it with some molasses and water, and that, to the consternation of the mother and nurse, it had, after a few ineffectual struggles, expired in the effort of deglutition."

The arduous duties of a country practice have debarred me from any extended investigations in this matter, but the following experiments performed on the 29th of August, 1866, tend to prove

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the correctness of my supposition that the circulating fluid could be so far heated through the walls of the blood vessels as to be rendered active in re-establishing the cardiac movements.

"The subject in this case was a young chicken that had been accidentally drowned; carefully opening the thorax in such a way as to avoid any large arteries or veins, I found the heart still beating, at 7:55 A. M., twenty minutes after the last gasp, which occurred directly on removal from the water; in ten minutes more it ceased to pulsate naturally, although answering readily to external irritation with the point of a knife, and like the pendulum of a clock almost run down, it would vibrate more and more slowly for some minutes. At 9 A. M., one hour and twenty minutes after respiration ceased, the heart, remaining in situ, was exposed to the heat of a stove under circumstances as far as possible precisely resembling those to which the infant above mentioned was subjected; after submitting it to this heat for one minute, the cardiac movements which a short time before, even under the stimulus of puncture, had been weak and uncertain, recommenced strongly and regularly at the rate of about fifty beats per minute; when the body of the fowl, however, was removed from the fire, these contractions gradually diminished until they ceased to be voluntary, and even irritation was feebly responded to. At 9.50 A. M., two hours and a quarter having elapsed after death, the heart was slightly moistened with warm water, and again heated as before; without any other agency, the auricles and upper portion of the ventricles, which had become relaxed and shrunken, voluntarily contracted and resumed their normal rhythmic movements, though at the rate of only eighteen pulsations per minute, and this continued for some little time after removal from the source of heat. Lastly, that no doubt might remain as regarded the revivifying power of fire (in this subject at least), I waited another twenty minutes until the cardiac pulsation had again become silent, and then found them to be restored (though at the slower but still regular rate of one in five seconds), by a further application of the life-renewing heat."

Dr. Sansom, in his recent work on the "Action and Administration of Chloroform," details, in his chapter on Resuscitation, from apparent death by that agent, two experiments of his own which have some bearing upon this subject. In the first—

"The movements of the exposed heart of a kitten were arrested

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by chloroform vapor, then a jet of steam was directed upon the organ; the effect was instantly to restore rhythmical contraction. (2.) A rabbit was chloroformed until apparent death took place. After a few inflations of the lungs the chest was opened and the heart found beating rhythmically. Warm air of a temperature of 98 Fahr. was blown into the lungs by means of a pair of bellows, an elastic catheter being introduced into the mouth. The heart's pulsations were certainly increased in force and rhythm (?) a contraction of the ventricles taking place just after each inflation."

Thus it will be seen that the result of Dr. Sansom's first experiment accords precisely, so far as it goes, with that furnished by my own, and as regards his second, may not the current of warm air injected into the lungs have produced its beneficial effects by imparting caloric to the blood while contained in the vascular net-work of the pulmonary vesicles, from whence it would be driven in a few seconds into the coronary arteries and then exert its stimulating power upon the cardiac structure? Were it not for the danger of causing pneumonia, heating the blood thus through the lungs would be a great improvement on the plan above described, but while blistering, or even burning the skin upon portions of the extremities, would prove but a minor evil in comparison with the individual's death, production of such acute *pulmonary* inflammation must imperil the very life we seek to save.

I may further mention, as, in its small way, an analogue to the primary fact upon which Dr. Jenner based his immortal discovery, that a few weeks after attending the infant, as above narrated, I was called to see a little son of one of the largest sheep-breeders in this section, and during my visit, observing a huge basket in the corner of the dining room, from which issued an almost continuous bleating, was naturally led to inquire about the lambs. I learned that those which seemed feeble were brought into the house, dried, warmed, and fed with whisky sling, by which means most of them were restored, but I noticed that while a number struggled in a purposeless way around the basket, one lay with its eyes closed, and to all appearance dying; of this the owner remarked: "That fellow is pretty near gone; nothing but roasting will save him." In some surprise at the coincidence, I inquired whether that was of much service. "Oh, yes," replied Mr. C.,

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"When everything else fails I put them close before the stove and give them a good roasting; *that often brings them to life again;*" adding, afterward, "it 's astonishing what an amount of heat they will bear, and do them good, too." Thus forcibly illustrating by his experience the truth so often noted, that our boasted science, while it teaches us to work intelligently and with a skillful adaptation of varying means to diverse ends, is yet on many occasions a tardy guide in comparison with popular observation.

If, as an English writer has remarked, the spirit of the Royal Humane Society's directions for resuscitation can be summed up in the one word *Warmth*, this proposition may be expressed as simply to advance another step, having the monosyllable *Heat* for its exponent; and I hope that some of the many readers of this journal who have more abundant opportunities for such experiments, will investigate and report the practical value contained in the suggestion of artificially heating the blood (not warming it merely, as has been heretofore advised) within the limbs of persons apparently dead, and then propelling it as rapidly as possible toward the heart, the pulsations of which are probably, in some instances at least, so weak and infrequent as to escape observation for minutes before they finally cease. The method seems to promise somewhat not only in the cases of still-born infants, but also in those of patients asphyxiated by drowning, hanging, or the inhalation of noxious gases, especially the vapor of chloroform, and it possesses the great advantage that its essentials are almost always readily accessible.

Practical Observations on Diphtheria. By W. Newman, M. D., London. (Concluded.)

Treatment.—In diphtheritic affections, just as in the wider division of fevers, a cure is not to be sought for. As yet no specific has been found which will enable the medical attendant to cut short the attack; and in the present state of medical knowledge, it is simply open to us to tide the patient over a disease more or less severe, more or less prolonged, and attended very commonly by serious complications.

On this view, then, I have little sympathy with the directions laid down by some authors to treat the outbreak on so-called general principles; to give saline and diaphoretic medicines, because

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the skin may in the early stage be hot and dry; aperients, because the bowels may not have acted with all due regularity, and when the opposite condition of depression is established, then, and then only, to have recourse to tonics, wine, and supporting measures.

The natural history of the disease is of material moment in settling this question of treatment. Many cases will recover speedily, many more will lapse almost as rapidly into a state in which but little of good can be looked for; but the one essential characteristic of well-developed cases of diptheria is that of a distinct tendency to death from general failure of strength.

If then the asthenic stamp be so strongly impressed, it seems to me imperative that nothing be done which may lower the existing standard of vigor, and that everything be done which may husband the strength for a time of critical endurance. I write strongly, for I believe any other doctrine to be erroneous and fraught with extreme danger. A very short time will turn the trembling balance in one direction or the other.

Therefore, from the very first onset and recognition of the affection, I would urge that the patient be kept in the recumbent position, and be spared any unnecessary exertion; that he be fed frequently rather than largely; and that the air of the room be often thoroughly changed. Do not, blindly following a mischievous routine, administer aperients; least of all, those containing mercurials. A simple injection of warm water will probably meet every requirement. Nor is it advisable to encourage perspiration by sedative or lowering medicines.

In this, as in all septic diseases, I would ask for constant circulation of fresh air through the apartment. Screen the patient from direct draught, but yet by continuous fire and open windows insure that he shall not breathe again and again an atmosphere vitiated by his own excretions.

Medical treatment will embrace

1. *Local Applications.*—So soon as the exudation is fairly manifested, and the co-existence of vivid redness of the surrounding mucous membrane points to its probably rapid increase, I hold it the best to use at once, as the most efficient application, the strong hydrochloric acid, diluted either with honey or with water, in equal bulk. A piece of sponge tied firmly on a stem of stick or whalebone, and then well saturated with the diluted acid, will be

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best for the application; and this once made, the patient will usually declare himself much relieved. It seems to do away with the burning sensation about the fauces at the cost of a comparatively momentary pain, and furthers the curling up and detachment of the coriaceous layer. Once or twice again it may be well to resort to this potent caustic at an interval of twelve or twenty-four hours, rarely more frequently.

Then I have used as an after application the undiluted Beaufoy's solution of chlorinated soda, also used with sponge or large brush every four or six hours.

To make any of these applications thoroughly, the tongue must be well kept down with a spatula, or drawn forward out of the mouth.

Gargles are of little value. It is true that they wash out the mouth and the anterior part of the fauces, but they do not go back to the special seat of the disease.

In those not very infrequent cases where fœtor exists from decomposition of the secretions, or from commencing sloughing, I have had recourse to a tolerably strong solution of the chloride of zinc, and I think with decided advantage; and as an addition to the patient's comfort, the permanganate of potash (Condy's fluid), with six or seven parts of water, may be employed to cleanse the mouth from stringy saliva and offensive discharges.

In the earlier cases the nitrate of silver was used as an application and then totally discontinued. This agent has always seemed to me inefficient as a caustic, apt to deceive the eye in subsequent examinations, from the coating which is left behind after its use, and unsatisfactory in any influence for good in the removal of exudation or effect on the tissues.

Of external applications I have little to say, other than to deprecate very positively any resort to those which may remove the cuticle or damage its condition. More than once I have met with cases where after the local use of blisters, or liniments of liq. ammonia, the irritated surface has been speedily covered with the characteristic lymph exudation, but in no one instance has even temporary benefit appeared traceable to such means.

For the comfort of the patient, and indeed with some actual value, I think it well to apply an evaporating lotion of spirit of wine to the swollen and infiltrated structures beneath the jaw.

2. *Internal Remedies.*—The class of internal remedies from which

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the most good may be hoped, is that of tonics, and from many conditions which are present in severe diphtheria, preference should be given to preparations of iron. These, in one form or other, I would give even from the first declaration of the disease, not waiting until increased pallor of integument and advancing debility make such agents palpably needful.

The ordinary tincture of the sesquichloride is, for several reasons, most to be advocated, not merely from its effect on the circulating fluid, and from its power as a general nervine tonic, but also from its presumably good effect on the affected tissues as a direct astringent.

Again, it would seem that all compounds containing and readily parting with chlorine are of service, so the chlorate of potash may be given in conjunction with the iron; or, for the good purpose of combining in one, an efficient local application, and a means of introducing chlorine readily into the system, the formula given below may be employed with advantage.*

Several of the worst cases of diphtheria which I have seen have seemed to owe their recovery to the use of this compound; specially one where life for days together hung by a thread, and where a huge coherent cast of the pharynx and back of the throat was expelled.

Cinchona, as the decoction or tincture, I do not think of material value; and quinine, although I have commonly given it where there has been much loss of appetite, excessive perspiration, and so forth, has seemed to carry with its use only an indirect good.

3. *Food and Stimulants.*—These play no unimportant part in the medical dealing with so serious a malady. Small quantities of nutritious and easily digestible food should be given at very short intervals; and no existence of feverish symptoms should, for one moment, be deemed warrant for confining a child to 'low diet.' I believe that, humanly speaking, very many deaths from diphtheria have resulted from inattentive nursing, and from an unwil-

* *R.* Potass. Chloratis oz. ij.
Acid. Hydrochloric. dr. ij.
Aq. distillat. dr. ij.

Mix the acid and water together first; add the mixture to the chlorate of potash, and keep the whole in a dark place.

Oz. ij. of this solution to be mixed with a pint of water. Dose, one or two table-spoonfuls, according to age, for internal use; or as a wash for mouth or gargle.

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lingness to press on a listless sufferer the prescribed supplies of food.

New milk is of very much value, and may be used in large quantities, and, at intervals with this, beef tea, essence of beef, or other nutritious foods. Farinaceous compounds are least to be trusted to.

Sometimes, and indeed as if it were an integral part of the affection, there may be absolute repugnance to food; a condition, if lasting beyond some short time, which renders ultimate recovery almost impossible. Yet here even much may be done by quiet perseverance, and, failing other means, nutrient enemata should certainly be tried.

Stimulants should be used early, and without hesitation; as in cases of fever, the first noted feebleness of the heart-beat, or softness and rapidity of the pulse, furnish full reasons for their employment. Wine is probably to be preferred to other alcoholic compounds.

Accidental complications, very apt to occur, will call for changes of treatment, and a wearisome illness cannot throughout be treated by the same remedies; but the declared principles hold good that the disease is eminently asthenic in type, and that no lowering agencies are to be deemed admissable.

Extension of local mischief to the larynx may occur in the most simple cases, and certain expedients should at once be tried. Emetics (the sulphate of zinc, for example) may be given, and the child made, as in croupy attacks, to breathe an atmosphere loaded with warm vapor, with other means which may promise relief.

If these, however, fail, tracheotomy may be suggested; in four well marked cases I have myself done the operation, substituting thereby an easy for a most terrible death, and giving some hours more of life when life was on the point of passing away. The details of the necessary operation may be found in any surgical work. Cautiousness and slowness are the two most necessary points to be observed in performing it. Yet, although I would in a suitable case propose and carry out the same procedure, it would still be with the fear that recovery would be most uncertain; not from the local throat mischief, or in any sense from the operation itself, but from the wide spread taint of the general system. Relief may be promised with fair confidence, a painless death will take the place

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of an agonizing struggle for breath, but a very small percentage of cases ultimately do well.

Supporting treatment, enforced and long-continued rest, with change of air, form the best rules for dealing with the consequences of diphtheritic affections; loss of nerve power is but slowly repaired, and though, in the great majority of cases, recovery may be certainly expected, it is only after a very prolonged convalescence.

The preceding remarks must be looked on as suggestions, hardly, indeed, doing justice to the very interesting subject which has been put into my hands for this volume of St. Bartholomew's Hospital Reports. For a satisfactory treatment of the affection, and a due recognition of the labors and suggestions of others, very much more space and time would be required.

Enough for my purpose, if I add a fragment to that practical knowledge of every-day disease, without which no useful advances in medicine can be made.—[*St. Bartholomew's Hosp. Reports, Vol.* 2.

Resection of the Head of the Femur for Unreduced Dislocation into the Ischiatic Notch.

In the second volume of *St. Bartholomew's Hospital Reports*, Mr. P. C. Delagarde, of the Devon and Exeter Hospital, England, has reported the following case of excision of the head of the femur, in a case of irreducible luxation of the head of the femur into the sciatic notch. The principle involved in this operation was proposed also by our friend, Dr. Ezra Read, of Terre Haute, Ind., some two years since, in a case where the attempt to reduce an old luxation of the head of the humerus into the axilla would have been unjustifiable. The patient committed suicide because the Doctor refused to attempt the reduction. In a communication addressed to me by Dr. Read in reference to the above case, he inquired, Why not, in such a case, exsect the head of the bone? We regret that we have lost the letter in which Dr. R. argues in favor of such a proceeding. We have ourselves exsected the head of the humerus on the dorsum of the scapula, in which the luxation was compound, and the destruction of the soft parts such as to render

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the reduction otherwise impossible. The patient died some days afterwards of pyæmia. He was an unfavorable subject for the operation. G. C. B.

"Robert Harford, of Tiverton, laborer, æt. 51, about five months before the operation, had had the left lower extremity crushed and lacerated by the falling of a cob wall. The thigh bone was broken in two places, and its head dislocated into the sacro-ischiatic notch. The knee was badly cut, and the leg bruised and broken. Four months after the accident he was, on the 1st of August, 1861, brought to the Hospital. I found the fractures well united, but of course no attempt had been made to reduce the dislocation.

"The man's state was deplorable. The slightest attempt to move the thigh made the head of the femur press on the sciatic nerve, producing throughout the limb a most peculiar numbness, which was intolerable. He lay as straight as if a spit had been thrust from his heel to his head. His health was rapidly sinking, and I determined on removing the head of the thighbone.

"The head of the femur was lodged so deeply in the upper part of the notch, and the neck lay so buried in the soft parts, that I foresaw I should not be able to saw it off, and prepared accordingly.

"Sept. 1.—I made a deep incision from the trochanter to the sacrum, through the glutæus, and laid bare the neck and head of the femur. Upon these an adventitious capsule had been formed. The ligamentum teres was strained, but not broken. The pyriformis tendon passed under the neck with the obturator tendons. I had the limb rolled inward, and carefully passed an elevator under the neck of the femur, so as to lift the head off from the sciatic nerve. The semilunar limb of a very strong bone-cutter was passed under the neck, near the trochanter, but the bone was so hard that not the slightest impression could be made. It was withdrawn, and I tried a large trephine. The pivot could hardly be made to pierce the bone, but at length I got the teeth to bear, and with great labor took out a circular die. I gouged out the cancellated structure until I reached the opposite wall. Then I introduced a smaller trephine, and worked until I supposed I had almost got through. I passed a strong, narrow bladed saw into the cavity, and sawed, as well as I could, the bone remaining be-

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tween the two circles. I fixed a very strong pair of bone forceps, first in one groove and then in the other, and thus cut off the head of the bone. The splintered portions were nipped or filed down. The sciatic nerve was laid bare for an inch and a half. It was curiously flattened, aud moulded to the head of the femur. This operation took three-quarters of an hour.

"The relief was immediate. The wound healed in six weeks. He could then sit up in bed, with the thigh at a right angle with the body. Gentle exercise on parallel bars soon gave great freedom of motion. He was discharged on the 16th of January, 1862, with a serviceable limb, and in good health.

"He died in the summer of 1864, of pneumonia, having slept in the rain one Saturday night, instead of going home as a sober man would."

Simple Remedies.

"During this, my second, as well as my first, winter in London, my professional studies were wholly limited to anatomy, except that in the early part of it, and afterward, when I had no subject for dissection, by Dr. Baillie's advice, I attended in a chemist's shop, in order that I might gain some knowledge of the Materia Medica, and the making up of prescriptions. The shop was at the corner of Little Newport street, and the proprietor of it was a Mr. Clifton, who also practiced as an apothecary, exercising his art among the tradesmen of the neighborhood. He was an apothecary of the old school, having no science in the ordinary sense of the word; yet I have no doubt, a useful and successful practitioner. I came to this conclusion because, although there was nothing prepossessing in either his manner or appearance, his practice gradually increased, until, at last, he was able to give up his shop and live in a large house near Leicester Square, where he dispensed medicines only to his own patients. It is usual in these days to regard this class of practitioners with but little respect; but the fact is, that they were very useful persons; and, having no ambitious aspirations, they were within the reach of the poorer orders of society, which is not much the case with the better educated surgeon-apothecaries, or—as they are called—general practitioners, of the present day, who have expended a considerable sum of money in order to obtain a license to practice. Mr. Clifton's

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treatment of disease seemed to be very simple. He had in his shop, five large bottles, which were labeled, "Mistura Salina," "Mistura Cathartica," "Mistura Astringens," "Mistura Cinchonæ," and another, of which I forget the name, but it was some kind of white emulsion for coughs; and it seemed to me that out of these five bottles he prescribed for two-thirds of his patients. I do not, however, set this down to his discredit; for, while I have observed that while young members of the medical profession generally deal in a great variety of remedies, they generally discard the greater number of them as they grow older, until at last their treatment of diseases becomes almost as simple as that of the Æsculapius of Little Newport street. There are some, indeed, who form an exception to this general rule, who, even to the last, seem to think they have, or ought to have, a specific for everything, and are always making experiments with new remedies. The consequence is that they do not cure the patients, which the patients at last find out, and then they have no patients left.—[*Sir Benj. Brodie's Autobiography.*

MISCELLANY.

Good Samaritan Hospital. SURGICAL CLINIC BY PROF. BLACKMAN.* (Reported by Drs. Haile and Miner, resident physicians.)

CASE I. Thomas Dean, aged 22 years, a native of Ohio, boatman, came to the hospital on December 15th, 1866, having at the time an enlargement of the tibia, accompanied with very excruciating pain in the bone, more particularly at night. There was a lengthening of about one and a-half inches of the limb, and it had the appearance of being bent forward in the center, being increased in circumference between two and three inches, and very sensitive to the touch at one point. He stated that about eleven years previously, he first noticed a swelling in the limb coming on without any known cause. Soon there appeared several sinuses extending to the bone, which discharged pus very freely; these

* These clinics are attended only by the class of the Medical College of Ohio.

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would heal up for a time, but soon return at some other points, discharging several fragments of bone. At this period he did not suffer much pain in the limb. It continued in this condition until one year ago; when it healed up entirely, and seemed perfectly well, until about three weeks previous to the time of his coming to the Hospital, when he began to experience almost intolerable pains in the bone, accompanied with some inflammation and tenderness of the periosteum. He was first put upon the use of the Iodide of Potassium in large doses, without deriving any benefit therefrom, and on December 21st, Prof. Blackman cut down upon the tibia, and trephined the bone, finding a collection of pus in the center. As soon as the effects of the chloroform passed off, he expressed himself as feeling greatly relieved, having not been as free from pain for several weeks. Warm applications were used on the part, all of the pus escaping; and in four or five days the wound began to fill with healthy granulations.

At the present date, February 8th, the patient is in an excellent condition, and the limb has regained much of its normal shape and circumference.

Case II. John McCrubeary, admitted to the Hospital of The Good Samaritan, January 2d, 1867, states that about four years ago he first noticed a swelling on the middle third of the tibia of the left leg. It gave him no trouble till some eighteen months ago, when he began to experience some pain in the region affected. Matters went on from bad to worse, and upon his entrance to the hospital his pain and suffering were intolerable. It extended from the node, down the tibia to the foot, and was rather nocturnal in character, although in the daytime he could not bear the leg of his boot to touch the sore point. At the time of his admittance he presented an anæmic and broken down aspect, and, moreover, had a chancre. The previous history of the patient would lead one to suspect the cause of his present trouble to be syphilis. Some eight years ago he had a chancroid, accompanied by a suppurating bubo. Two years afterward he had a chancre, followed by some secondary symptoms. He had alopecia, ulceration of the nasal fossal, with a muco-purulent discharge therefrom. He had also some one of the skin diseases belonging to secondary syphilis; although, from his account it would be rather difficult to state of

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what variety the eruption was. Four years afterward, this node appeared, whether as a tertiary symptom or not, it is hard to say.

On the 11th of January, 1867, he concluded to have the operation of trephining performed for the relief of his unendurable pain. The operation was performed by Prof. Blackman, in the presence of the class of the Ohio Medical College. An incision of two inches was made over the part affected, and the trephine introduced, but the bone was so dense, and of such ivory-like hardness, that the trephine was broken, and it was necessary to procure another instrument to complete the operation. The patient was at once relieved of the pains which had rendered his existence so miserable; the wound in a short time began to fill with healthy granulations, and the patient rapidly to improve. At the time of writing this report, February 9th, the patient continues perfectly relieved.

In his remarks upon the above cases, Prof. B. alluded to the happy effects of trephining the tibia, not only where circumscribed collections of matter were formed, but also, in those instances in which we have the bone enlarged and of ivory hardness, as the result of ostitis; and in which not one drop of pus is found after perforation with the trephine. He referred to numerous cases which had occurred in his practice, and in which patients had derived permanent relief from the operation. He had resorted to it not only in cases of syphilitic ostitis, but in instances of enlargement and induration of bone, dependent on other causes; and the testimony of his patients had been strongly in favor of the operation. He added, it had been highly recommended by Mr. Henry Lee, of St. George's Hospital, London, and Langston Parker, of Birmingham, England, the well known author on Syphilis. The accident which had occurred in the last case, of breaking of the instrument, would also suggest to them the importance of being provided with more than one of the same size, for it had occurred to him in several instances, in consequence of the extreme hardness of the thickened bone. He reminded them of the resemblance between the tibia of the second patient to the illustration of curvature and elongation of the same bone to be found in Mr. Paget's Surgical Pathology, and urged them to carefully study the remarks of this excellent author on the various changes produced by inflammation on the structure of bone.

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Varicocele.

R. D., æt. 25, a farmer, and resident of Indiana, came to the hospital on the 9th of January. He had suffered from varicocele on the left side for four years. As the patient desired to submit to an operation for the radical cure of the disease, Prof. Blackman decided to try the operation proposed by Mr. Henry Lee, of London, an account of which was given in the December number of the CINCINNATI JOURNAL OF MEDICINE. It consists of passing two hare-lip pins, three-quarters of an inch apart, between the enlarged veins and the vas deferens, the latter having been carefully isolated. A thread is passed over the pins as after the operation for hare-lip, and the enlarged veins included between the pins are divided with a knife. The patient was brought before the class, and the operation performed as above described. No unpleasant symptoms followed. The pins were withdrawn on the sixth day, at which time a solid plug occupied the site of the parts involved in the operation. The patient left for home on the fourteenth day in a very excellent condition. He was instructed to continue, for a few weeks, the use of the suspensory, and to apply cold water to the parts two or three times daily.

CASE II. M. P. æt. 20, a farmer, admitted Jan. 22d, with a bad varicocele on left side, and scrotum very much elongated. An operation precisely similar to the above was performed on the 25th January. In his lecture, Prof. B. stated, that for some years he had in such cases of great elongation of the scrotum, removed the redundant portion as originally recommended by Sir Astley Cooper, but he had not trusted to this alone, and in all cases had at the same time obliterated the veins by means of the ligature, or the use of pins over which the figure of eight suture had been passed. He added that in the large number of cases of varicocele he had attempted a radical cure he had seen no untoward results, but he had always been careful before resorting to the operation to see that the patient's general condition was good, his secretions right. He thought there was reason to believe that when fatal results had followed operations for the radical cure of varicose veins it was in consequence of neglect in observing this precaution, and that death had been caused by this rather than by the *particular* method adopted. He alluded to the prejudices existing in the minds of many surgeons against any but paliative

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treatment in these cases, but remarked that Mr. Curling in the recent London edition (1866), of his valuable *Treatise on the Testes*, had expressed his change of opinion, having until of late, become afraid of these operations. Now, however, he strongly recommends Mr. Lee's operation, and refers to numerous instances of success in which he had resorted to it. In the second case above reported the pins were withdrawn on the sixth day. The small piece of card paper which had been interposed to protect the skin from pressure had become displaced, and the pins had cut partly through the integument. On presenting the patient, Feb. 9th, to the class, Prof. B. observed that this would probably prove of advantage, as it would tend to interfere with the too great elasticity of the scrotum, and from the very favorable appearance of the parts at present date he was inclined to think that the patient will make an excellent recovery notwithstanding he had not removed, as in operations by other methods, the redundant portion of the integument. Prof. B. exhibited to the class the moc-main lever truss, so highly recommended by Mr. Curling, and which, as a palliative measure had been used with benefit in one of his own patients. He added that radical cures had thus, in some instances, been affected, but to bring about such a result, its use for some one or two years would be necessary. It acted upon the principle of removing the superincumbent weight of blood, and the pad was to be applied over the external ring.

Synopsis of a Bill to Elevate the Standard of Medical Education, accompanying Surgeon-General McDermont's Annual Report to the Governor of the State of Ohio.

Section I provides that the Governor shall appoint nine Medical Examiners: three for two years, three for four years, and three for six years.

Section II directs that this Board of Examiners shall elect a president, a secretary, and a treasurer, and prescribes their duties.

Section III authorizes the President of the Board to appoint committees of not less than three members to hold examinations at such times and places as the Board may determine.

Section IV fixes compensation of the Board, which is to be paid from moneys arising from examinations.

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Section V. Public reports of the proceedings of the Board, and of its treasurer, to be made to the Governor annually.

Section VI. "It shall be the duty of the Board of Examiners to examine all persons who may wish to engage in the practice of medicine or surgery in the State of Ohio, and to grant certificates of qualifications to all who pass a satisfactory examination; provided, however, that before the examination of any candidate, such candidate shall present to the Board satisfactory evidence that he is a graduate of some respectable school of medicine, and is of good moral character."

Section VII. Certificates to be granted to those only who, "upon careful examination, are found to be proficient in the branches of a liberal English education; also in anatomy, physiology, chemistry, hygiene, symptomatology, pathology, obstetrics, and principles and practice of surgery." Twenty dollars to be paid by each person who receives a certificate.

Section VIII makes it unlawful to engage in the practice of medicine within this State without a certificate from the Board. This not to apply to those persons already in practice.

Section IX. Penalty for violation of the act, a fine of not less than fifty, nor more than two hundred dollars; or imprisonment, or both, at the discretion of the court.

Messrs. Editors:

Above I give you an abstract of a Bill now pending in the Legislature of Ohio, the provisions of which are of the highest interest and importance to the medical profession of the State; and I ask space in your journal to call attention to it, and to urge medical men to influence their Representatives and Senators in favor of its passage.

The voluntary assumption of such a task by me, an humble member of the profession, occupying no official position, may seem presumptuous, but my apology is that no medical journal has yet informed its readers that such a bill, so vitally affecting their interests, is before the Legislature; neither have I seen anything of it in the newspapers; and therefore, I presume the majority of the profession to be in entire ignorance of the matter, while the changes contemplated by the Bill affect most deeply the welfare of the profession as a body.

The first question to determine would seem to be whether any

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necessity exists for such a Bill. Since the State has already chartered medical colleges, and conferred upon them power to license persons to practice medicine, the answer would seem to be necessarily in the negative. But unfortunately, as a consequence of a faulty system of medical education prevailing generally throughout our country, as well as in our own State, from the great multiplication of medical colleges, and their consequent rivalry, and from other causes, the requisite qualifications for a degree have been lowered, until the possession of a diploma is no longer considered a guarantee that its holder is a well qualified medical man. I believe this statement has been so frequently reiterated in reports to State medical societies, and before the National Medical Association, and is so generally accepted as true, that it needs no argument or proof. Should proof be required, however, sufficient may be found in the report of the Surgeon General of the State for 1866.

"The eminence accorded to Ohio surgeons for skill and fidelity in the late war, was not due to any merit in our system of medical education, but to the faithfulness of the Examining Board.

"The gentlemen composing this Board were distinguished for integrity, patriotism and professional ability. Animated by an earnest zeal for the efficiency of the service, they recommended for appointment only those who possessed the requisite qualifications. None but graduates of regular medical schools were admitted to examinations, and yet over eighty per cent. of these were rejected for incompetency. The ignorance betrayed by many of the candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity."

From this official record there is no appeal; from this evidence furnished by stern experience there is no escape; and the testimony is as damning in character as it is overwhelming in weight.

Neither can the deduction from the facts be avoided, and it is plainly made by Dr. McDermott, to whom the profession is indebted for the origin of this Bill, and who has recommended, in his report, the establishment of a Board of Examiners for times of peace as well as of war.

"If it was the duty of the State, as all concede, to provide competent physicians for the soldiers, it is no less a duty to make similar provisions for the citizens; and yet those rejected candidates, with hundreds of others equally incompetent, are now

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scattered over the State pursuing their fatal trade with criminal recklessness."

The necessity for such a law is then beyond question. What objections can be urged to it? Can the people object? Certainly it is impossible that they can find fault with a law which will secure them competent medical men to treat their accidents and diseases. In this connection it may be noted that the people of some sections of the State have been petitioning the Legislature during the present winter to protect them from incompetent dentists! If the care of the teeth needs legislative supervision, how much more the whole body?

That there should be no objection on the part of those who practice the various forms of quackery, and have schools of their kind in the State, the Bill contains no requirement for the practice of a particular system of medicine, and no restriction upon any; neither does it deny to the graduates of those schools admission to an examination, although the army regulations require that a candidate for the service shall be a graduate of a *regular* school of medicine. Perhaps the word "legal" might be substituted for "respectable" in section VI., which would leave nothing to the discretion of the board of examiners in this respect. Again, it will be observed, that the Bill does not institute an examination in either materia medica, therapeutics, or the practice of medicine. Surely none of these schools—homœopathic, eclectic, physico-chemico-vital, or what not, will claim that they send out graduates who could not tell how a fracture should be dressed, or a dislocation reduced, give the relations of the femoral artery, or say how they would proceed to remedy a shoulder presentation. And if the graduates of these schools do not use arsenic, or mercury, or opium as medicines, no one will maintain that they should not be informed upon the action of agents so frequently administered in excessive doses, either by accident or with criminal intent.

It is not possible that any objection can be raised by members of the regular profession. Since the Bill does not require an examination of those already in practice, (not, it is evident, because such an examination is unnecessary), we think not a word can be advanced against it. If objected that it tends to render the degree already possessed of little value, I would ask, what is it worth now? and quote again from the report of the Surgeon-General—"the diploma of a medical college has ceased to be of any value

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as an evidence of capacity." Should it induce a coming generation of medical men to append the year of graduation to the degree [M. D., 1868,] as in foreign countries the name of the university is always added, it will afford satisfactory evidence of its beneficial operation. But, in my opinion, nothing can be feared from a measure which tends strongly to lessen the number and increase the qualifications of those seeking to enter the profession. The candidates for the professional toga can alone complain of any hardship, and their consolation must be found in the superior value of membership of the profession.

There is another manner, not perhaps so obvious, but very important, in which the bill will benefit the profession, if it becomes a law. I maintain that the influence of the colleges in the management of professional matters is at present far too great, and that the body of the profession is comparatively voiceless and without influence; all official avenues of access to, and of action by, the profession as a body, are now in the hands of the colleges. The journals are so, almost universally. In the State Medical Society, partly from want of attendance on the part of the profession, and partly because the representatives of the colleges are more practiced speakers, their influence is preponderating. It is the same at the National Medical Association, and to give warning of the tendencies, I may mention that a resolution was introduced at Baltimore, last May, reducing the representation of local societies in that body from one for every ten members to one for every twenty. The proposition failed, it is true, but may be renewed and carried this year. Now the proposed law will do much to restore, in this State, a balance of power, which I truly believe has been disturbed with injurious effect upon the interests of the profession. Placing on guard at the avenues of entrance to the profession, nine men selected from the medical men of the State at large, uninfluenced by local interests and local prejudices, it will furnish, it appears to me, the best possible guarantee for the qualification of those allowed to enter, and its Board of Examiners will exercise an influence, not necessarily hostile or antagonistic, but modifying and regulating to that of the school.

Can the regular medical schools object to the passage of the Bill? It is not for me to answer this question; perhaps *you*, Messrs. Editors, can furnish a reply. The Bill does not supercede graduation, although it places another and higher test before the

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candidate; but if all are treated alike, and fairly, it is impossible to see any ground for objection in this. Further, the separation of the licensing and graduating power from the teaching institutions, I firmly believe to be one of the most necessary measures for the elevation of the profession in this country, and one without which there can be no improvement. Upon this the profession must insist, keep the issue open, and return again and again to the assault, until the reform is effected; or abandon forever any expectation of improvement in the character and standing of the body. I will not, then, attempt to anticipate the reply of those who are to speak for the schools. I can only intimate that in case of opposition to it, the same queries made here to the schools of quacks, will be pushed upon them with relentless pertinacity in the State Medical Society.

I would add one word more in reference to the colleges. Far be it from me to maintain that they alone are responsible for the low position to which the profession has gravitated. As it was well advanced some years ago, by one of their advocates, they can only act upon the material furnished them by the practitioners; and if these will induce young men to enter their offices, who, by lack of previous education and acquirements, tone of mind and aims and purpose in life, are incapable of becoming honorable and qualified members of the profession, the schools alone should not bear the blame.

Trusting that the few words I have written may induce your readers to use their personal influence with Representatives in favor of the passage of the bill,

I am truly yours, J. C. Reeve.

Dayton, Feb. 1867.

Medical Autobiography.

We clip from the *Medical Record*, January 15th, the following excellent satire upon the medical autobiographies, which one meets with, *ad nauseam.* Indeed, we confess ourselves surprised that any one, in or out of our peaceful profession, can be cruel enough to *torture the lives* of so many medical gentlemen. When the "inclosed questions" are printed and sent out, as they should be, to every physician in the United States, without regard to color or sex—sent out, too, from Washington, franked by the Agricultural Department, we suggest that some inquiries additional

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to those given in the *Record*, be made of the prospective victim of misplaced confidence, viz: As to whether, in childhood, he ever had the itch, and by what means it was cured; if still, or, on the other hand, if he can connect the *cacoethes loquendi, vel scribendi* of his manly years with the malady of earlier life? Let us know, too, whether, in his juvenility, knowledge was thumped into his head, whacked into his hands, or mainly entered by way of his glutei muscles. Then, too, he ought to be made to tell what his income tax is; whether he wears a dress coat or a frock coat; upon which side he parts his hair; whether he drives one or two horses; a description of his carriage when he walks, and his carriage when he rides; of his office and of his offices; of his study and of his studies; he should state his views as to the functions of the spleen, with all the original investigations he has made in reference thereto; tariffs, hygiene, and sewing machines, as well as reapers and mowers, agricultural college grants, and the extirpation of the parotid, etc. But to the extract from our excellent cotemporary:

"So much attention is now given to medical biographical writing, and so much care is taken to note down the different salient points of character, habits, etc., of the unfortunate victims, that some insight into the manner in which the very interesting facts are obtained by the author, is deserving attention. We are aware that printed circular-questions are sent to different distinguished individuals to "fill up and return to the author." We have not seen any such, but judging from the points which are brought out in those lives of medical men which we have read, the questions must run very much after the following fashion:

"Where born; what hour; day or night?

"Any paternal history? Ditto maternal?

"Did you ever go to school? If so, where?

"Did you ever learn anything at school?

"Your early struggles? How many?

"Did you start out to be a great man?

"What are the names, ages, occupations, and marital relations of all your brothers, sisters, aunts, and male cousins?

"Hight in feet and inches? In stockings?

"What was your last weight?

"Are you a graduate of medicine? If so, when and where?

"Would you be a doctor again?

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"Are you fond of lecturing?

"What is your opinion of tobacco? Do you smoke or chew?

"Your opinion of alcoholic liquor? Do you drink? If so, what is your favorite beverage? When and how do you take it?

"What books, periodicals, letters, etc., have emanated from your pen? Were they well received?

"When did you marry; what for; how often, and whom? Would you marry again?

"How many children by each wife; their names, ages and employments?

"What is your opinion on quarantine?

"Have you any property; if not, do you expect any? Did you marry rich?

"Have you a good memory? If so, mention some examples.

"Can you relate any illustrative anecdote of your character?

"Are you religious? If so, how much?"

Fee for Division of the Cervix Uteri.

Dr. Tilt, *London Lancet*, January 26th, thus speaks of this matter: "Surgical skill is the highest kind of skilled labor, and the surgeon has the right to value his work as he likes. The public need not employ him if they think he overestimates his skill; nevertheless, there is a tacit understanding with respect to the fees that should be asked for various operations, and surely there should be a similar agreement respecting the fee for division of the cervix. At present some practitioners take five or ten guineas, which seems to me too moderate a fee; while others take a hundred or a hundred and twenty-five guineas, which is obviously exorbitant, considering that no more is asked for ovariotomy, or for amputation of the thigh."

We acknowledge ourselves to having performed this operation when the fee was not equal even to the smallest sum mentioned by Dr. Tilt; in fact, the equation would stand: Fee = 0. Probably we might instance another equation thus: Fee = 0, & 0 = benefit of operation. And possibly the latter expresses the truth in regard to about one-half the cases that have been operated on.

T. P.

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Doctors in the Witness-Box.

We were interested in reading some remarks in a recent number of the *Lancet*, January 26th, as to the injury done to the profession by the discrepancies of opinion which its members often exhibit when called upon to testify before the courts in suits for damages for railroad injuries. The *Lancet* says:

"The remedy is sufficiently obvious. Let two or three medical practitioners be selected by the plaintiff, and the same number by the railway directors, and an arbitrator be appointed. Let all disputes be arranged by this court, and there will be an end to the present unsatisfactory system of bringing cases before a jury, and subpœnaing medical practitioners on the part of either plaintiff or defendant."

This plan commends itself on other grounds as well—especially on those of economy and justice, and promptness of decision. Quite recently, two other physicians and the writer constituted a jury to decide in a suit of this character, the plaintiff's counsel and that of the railroad company agreeing in the selection, and also agreeing that the decision should be final. And in two hours the whole affair was settled. Had the case gone to the court for trial, it would have involved a delay—it might have been for months—and, at any rate, an expense of hundreds of dollars.

Incidentally, we may say in reference to this particular case, that one of the best substantiated items of expense which the plaintiff's injuries subjected him to, was "twenty-two dollars worth" of tincture of arnica! He evidently did not not agree with Dr. Gerrod in the opinion the latter holds as to the uselessness of this medicine in sprains and bruises. T. P.

Deaths of Drs. Marsden and Brinton, of London.

Both these gentlemen have recently died, the one 81 years of age, and the other 44.

Dr. Marsden's memory will live by his having founded two of the noblest charities in a city richly blessed with charities—those two are the Royal Free Hospital, and the Cancer Hospital.

Dr. Brinton, at the time of his decease, was physician to St. Thomas', and lecturer on physiology in the school of that hospi-

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tal. He is well known to all American physicians by his valuable work on Ulcer of the Stomach, which has been republished in this country. The ablest contribution, however, to medical science, will be found in a work on Intestinal Obstruction, which he was laboring on when death interrupted his work. Churchill & Sons, the well known London publishers, advertise this volume as soon to be issued, edited by Dr. Thos. Buzzard. T. P.

Novel Method of Dealing with Ligatures Applied to Arteries.

Mr. Campbell DeMorgan has been adopting of late, at the Middlesex Hospital, a novel plan of dealing with ligatures of legated vessels. After legating the vessels, instead of following the usual custom and leaving the ligatures hanging out of the wound, he, by means of a needle, passes them through the skin close to where they are tied. They remain quiet and come away without the slightest pain or trouble when their work is done. The wound consequently has nothing to irritate it, and heals primarily. The plan leaves the parts as quiet as if acupressure had been applied. —[*London Lancet*, Jan. 19th, 1867.

Cancer: A New Method of Treatment—By W. H. Broadbent, M. D., London.

The Doctor claims that by means of the hypodemic syringe, some fluid may be injected into the tumor, be diffused through it, which may so far alter its structure, and modify its nutrition as to retard or arrest its growth. Acetic acid is selected, for the following reasons:

"1. This acid does not coagulate albumen; is expected to diffuse itself through the tumor, affecting the whole of it.

"2. If it enters the circulation it can do no harm, either by poisoning or inducing embolism.

"3. Acetic acid rapidly dissolves the walls and modifies the nuclei of cells under the microscope, and it is but natural to expect it to do this when the cells are *in situ*.

"4. It has been applied with advantage to open cancer and to cancerous ulcerations."

Four cases are detailed by Dr. B. as having been treated successfully by this method.

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Dr. Nunn, of London, treats acute orchitis, a complication of gonorrhea, by the Altemate application of heat and cold, with the most satisfactory results. He admits inflammation of the epididymis, but thinks it cannot be denied that the "sympathetic" phenomena have relation to the nerve supply of the body of the testis, or are such as would result from violent impressions on the body of the testes. The pain from swelled testicle is variable. In some cases the distress is great, and located in the loins; in others the pain is chiefly referred to the crural branch of the genito-crural nerve; but in all cases swelling is the remarkable symptom. The swelling depends in part on effusion into the tunica vaginalis, and in part on the vascular condition of the connective tissue of the epididymis and scrotum. Dr. Nunn employs the Altemate influence of heat and cold water, and speedily overcomes the inflammatory engorgement of the acute stage, having recourse to compression by strapping in the later stage of the disease, when tenderness has in a great measure subsided.

The beneficial influence of Altemate applications of heat and cold probably depends on the removal of the condition of *stacis* by the Altemate dilatation and contraction of the vessels in or near the inflamed part. The crowded and adherent blood corpuscles are again passed into the circulation, and nutritional are substituted for inflammatory processes.

To make the application, the patient is placed in a hot bath; after eight or ten minutes a current of cold water is directed on to the testicle, by means of an india rubber tube, for a minute or two. This process is repeated several times, when an immediate sense of relief is the result.—[*London Lancet*, Jan. 5, 1867.

"*A Vindication.*"

The above is the heading of an editorial in the *British Medical Journal*, Dec. 22, the object of which is to correct an impression prejudicial to our standard of professional ethics, certain to follow the perusal of the speech of Dr. Hunter's counsel in the case of Hunter *vs.* Sharpe.

"In justice to our American medical brethren, to whom it was

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imputed, in the course of the case of Hunter *vs.* Sharpe, in the speech of Dr. Hunter's counsel, (altheugh the imputation was rejected by the Lord Chief Justice Cockburn), that such forms of advertisement and practice as he employed were accordant with the American standard of professional ethics, we give the following extract from the 'Code of Ethics of the American Medical Association,' which lies before us."

It then publishes Art. 1.—"Duties for the support of Professional Character," in which public advertisements, or hand bills are denounced as being derogatory to the dignity of the profession. While on the subject of advertisements, in connection with the above, we insert in this place an extract from the "Editor's Farewell" in the same Journal, Dec, 29th. It refers, among other matters, to the course, so extensively pursued by authors in Great Britain, of regularly and persistently advertising medical works in the secular press.

"Perhaps there never was a moment in the history of our profession, when a firm and honest criticism was more needed in dealing with its literature; for assuredly there never was a time when the press *per fas et nefas* has been so widely resorted to as a means of gaining fictitious notoriety, as well as a true scientific reputation; never a period when books have been made so extensively available as a means of advertisement. Moreover, in the ethical character of our profession, there is, unfortunately, still work enough for the exercise of an uncompromising condemnation of things professionally dishonest." B.

Diagnostic Value of Retraction of the Nipple in Mammary Diseases.

Mr. Thomas Bryant, of Guy's Hospital, London, is the author of a paper in the *British Medical Journal*, Dec. 8th, in which he controverts the general impression that a retraction of the nipple is characteristic of malignant disease. After reporting several cases of abscess and cystic disease in this organ, in which the nipple was retracted, he thus concludes:—

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"We have thus shown that a retracted nipple is an occasional symptom in acute and chronic inflammation of the heart; that it is found in cystic diseases of the gland as well as in cancerous; in fact, that it is met with *in all the diseases of the true gland, whether simple or malignant.* It is absent in the ordinary chronic mammary or adenoid tumors, simply because these tumors are not of the gland itself; and, as a consequence, the nipple, with the gland-ducts, are not interfered with. In what way, then, it may be asked, is this retraction of the nipple generally brought about? It must depend on some general or simple cause, as it is found under so many different conditions; 'for,' as I have stated in another place, (*Clinical Surgery*, Part v., p. 429), 'a retracted nipple may be described as an accidental symptom in the development of a tumor; it is the product of mechanical causes, and its presence is determined by the manner in which the gland is involved in the disease, rather than in the nature of the affection itself. Should any tumor, simple or malignant—should any abscess, chronic or acute—attack the centre of the mammary gland, a retracted nipple, in all probability, will be produced; for, as the disease so placed will necessarily cause material separation of the gland-ducts, their extremities—terminating in the nipple—must be drawn upon, and, as a consequence, a retracted nipple will be the result.' In an early stage of an infiltrating cancer of the organ, this symptom is one of *occasional* occurrence; the nipple being drawn towards the side of the gland which may be involved. At a later stage of the disease, however, when the infiltration is more complete, the nipple may again project. In a central chronic abscess of the breast, the retracted nipple is equally common; and in the true cystic adenoceles it may also be present. The explanation of the cause of this symptom in all of these cases is alike, being purely mechanical, and in a measure accidental." B.

We are compelled to defer until our next number the Seventh Annual Report of the Board of Directors and Officers of the Longview Asylum, to the Governor of the State of Ohio, for the year 1866. O. M. Langdon, M. D., Superintendent. Also the Annual Report of the Surgeon-General, C. McDermott, M. D., to

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the Governor of the State of Ohio. Dr. McDermott's Bill, now before the Legislature, is calculated to produce a lively sensation, if not a complete revolution, in matters pertaining to our profession in this State. We give in this number an interesting article on this subject, by our friend, and well known contributor, Dr. J. C. Reeve, of Dayton. We have received the Eighteenth Annual Report of the Commissioners, Superintendent, etc., of the Indiana Hospital for the Insane, but have not had time to examine its contents. B.

Gangrene of the Feet—Sequelæ of Cholera and Diabetes.

In recent numbers of the *Gazette des Hopitaux*, of Paris, we have seen frequent reference to the occurrence of gangrene of the feet, following cholera and diabetes. We hope if any of our readers have seen such cases they will oblige us with a report. Not long since, we saw, in consultation with Prof. Comegys, a case of gangrene of the toes, in an aged diabetic patient, who died very shortly after the appearance of the gangrene. B.

Letter from John M. Bigelow.

We have received from our old friend Dr. John M. Bigelow, formerly of Lancaster, O., a very interesting letter, from which we make the following extract for the benefit of our readers:

DETROIT, Jan. 20th, 1867.

MY DEAR DOCTOR:

From my avocation for the last six years in the meteorology of the Lake Survey, and from personal observations on the climate of the vast regions of the West, especially of Texas, New Mexico, Arizona and California, while in capacity of physician and botanist to the Mexican Boundary Survey, under Mr. Commissioner Bartlett, and the Pacific Railroad Exploration, near the 35th parallel, under Capt. Whipple, including a period of about four years, I became familiar with the sanative influence of climate, and the medical topography of those regions. After passing to the west of the 100th meridian of longitude, the botany, and especially the medical botany, of which little is yet published, is rich in the

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number of species and peculiarity of growth; while the climate and medical topography are peculiar and altogether different from the regions east of that line. Dr. Terry's, and still later, Dr. Drake's, most elaborate and excellent monography of these subjects, although literally embracing the whole interior valley of North America, necessarily, from the paucity of observations and statistics, at the time they wrote, are not only deficient, but almost entirely wanting in the information and detail of this interesting and important branch of medical science, throughout fully one-half of the territory of the United States, which is as much a portion of North America, as the eastern section is. The territory is as large—but I would by no means be understood as intimating that it will ever become as important, because, the soil and climate of a large portion of it are not fitted for the agricultural productions of the East, which, to the inhabitants here, are supposed to be almost absolutely necessary to human existence. There are, however, a large number of plants of various families or orders, which are peculiarly adapted to the regions of the West, and which can be usefully, and even profitably, appropriated to the necessaries and luxuries of man. A knowledge of their adaptation to this new state of things is to be acquired. This is a new study to us, but it will be necessary to grapple and master it before that country can well be developed. Some of our most learned and influential savans are old-fogyish enough to decry the possibility of its acquisition or execution. For instance, see the statement of the secretary of an American Institution, whose establishment was expressly for the "increase and diffusion of knowledge among men," published under the head of Meteorology, in the Patent Office Report of 1856, pages 182, 183. His information is obtained and compiled from partial and immature reports of those regions, and is unjust because not strictly true, and calculated to dampen the ardor after enterprise of our people in that direction. I am happy to say, from personal knowledge on the subject, that the learned Professor, however honest he may have been in the expression of his opinion on the inadmissability of that country to sustain a civilized community, is entirely mistaken.

I must be permitted here to explain, that I do not wish to convey the idea, that the south-western territories of the United States can sustain themselves, independent of other States, by the interchange of productions with each other, and this can only be

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accomplished by rapid and cheap railroad inter-communication and thoroughfare. It is in this way the Eastern States, with their barren soil, in connection with their commercial facilities, manufacture and import for their neighbor, and receive their provisions and raw material from the great granaries of the Middle States. And so the South devotes her rich lands to the more profitable cultivation of cotton, sugar, tobacco, rice, &c., and depends on the East and foreign countries for her manufactures, and the Middle States for the greater part of her provisions. In the same way we shall find there are productions, either indigenous to those great arid plains, or that can be produced cheaper, so that when means of interchange with the teeming Valley of the Mississippi and the prolific shores of the Pacific, are offered it, it can support a large population in plenty and comfort, and who will enjoy a higher grade of health than in any other region of the globe.

There is a large number of plants in those regions, whose sensible properties and botanical affinities, with other well known plants, would lead to the assumption of their possessing valuable medicinal properties, of which little is known and nothing published. Others there are, known by experience, to possess valuable properties, of which nothing is published; and yet a larger number possessed of economical value, is nearly in the same category. The topography and climate of that country is somewhat better defined, but to find and utilize it, the physician would be obliged to wade through ponderous great volumes, eighteen or twenty in number, of the Boundary Reports, Army Statistics, and Pacific Railway Explorations, to find the few grains of sanatory salt he made. I am most respectfully, yours,

PROF. GEO. C. BLACKMAN. JOHN M. BIGELOW.

Medical Convention.

At the meeting of the Ameriean Medical Association, held in the City of Baltimore, May 3d, 1866, the following resolution was adopted with much unanimity, and the undersigned appointed a committee to aid in carrying it into practical effect:

Resolved, That this Association earnestly requests the Medical Colleges of the country to hold a Convention for the purpose of thoroughly revising the present system of Medical College instruc-

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tion, and that a Committee be appointed to aid in carrying the resolution into effect.

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each Medical College in the United States, to send representatives to a Convention to be held in the City of Cincinnati, Ohio, on Friday preceding the next Annual Meeting of the American Medical Association; namely, on the 3d day of May, 1867. We would also respectfully suggest that all delegates to such Convention be prepared to consider fully and act upon the following subjects:

First, The adoption of a more uniform and just rate of Lecture Fees by all the Colleges in this country.

Second, The propriety of increasing the length of the Annual Lecture Term, and the number of Professorships.

Third, The adoption of measures for securing more thorough attention on the part of students, to the more elementary branches of medical science, and a more progressive order of medical studies.

Fourth, The practicability of requiring three Annual Courses of Lectures, instead of two, as a condition of graduation; and of making Hospital Clinical Instruction a necessary part of the Third Course.

Fifth, The practicability of establishing and exacting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these, and such other topics as the Convention might deem proper, would result in the adoption of measures of great importance to the interests, honor, and usefulness of our profession, we again cordially and earnestly invite your co-operation.

N. S. DAVIS,
S. D. GROSS,
WORTHINGTON HOOKER, } Committee.
M. B. WRIGHT,
GEO. C. SHATTUCK,

We append to the above circular the following on "American Degrees," from the British Medical *Journal*, Dec. 15th, 1866. It purports to base its remarks upon an article in the American (St. Louis? Ed.) *Medical Reporter*. If it be true—and who can deny that there is too much foundation for it—it is to be hoped that something will be accomplished by the National Association at its next meeting,—or should this body fail to act—let Surgeon

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McDermott's Bill be pressed until Ohio can claim the glory of having taken the lead in this so much needed reformation.

"The *American Medical Reporter* agrees with one of its cotemporaries in a complaint that the facilities for starting so-called medical schools in America are so great, that they spring up wherever a few aspiring physicians, with a few dollars or credit, may happen to congregate. Then follows a rivalry to get students and have graduates, so great that young men are rushed through at more than railroad speed, frequently without the least regard for their qualifications or medical acquirements. As an instance, the following is mentioned. A young man, after attending a set of lectures in a medical school, was permitted to take a diploma within less than one year from the time of his first commencing the study of medicine. The *Reporter* concludes that, to diminish quackery in America, it is necessary to control the facility for "rushing through" men who, when they get their diplomas, naturally claim to be regular graduates of medicine."

Ether Spray in Strangulated Hernia.

Dr. John Barclay reports in the *British Medical Journal*, Oct. 20, a case of strangulated hernia in left groin, in which the ether spray was used for forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and, on applying the fingers of my left hand on the swelling for about two seconds accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction of us all. The man made a first rate recovery. I have not up to this time seen or heard of a case where the spray was used for a similar purpose; but I think there can be no doubt but that in a great many cases of strangulated hernia its employment is to be preferred to that of ice, or even that of chloroform. B.

Dr. Aitken, the well known author, as we learn from the *British Medical Journal*, Dec. 8th, has sustained a fracture of the thigh just below the nochanlets. His horse reared and fell upon him. At the above date he was doing well. B.

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THE

CINCINNATI JOURNAL OF MEDICINE.

MARCH, 1867.

Extensive Compound Fracture of the Leg; Recovery by Conservative Treatment. By A. G WALTER, M. D., Pittsburg, Pa.

James Ward, aged 29 years, of Mifflin township, Allegheny Co., Pa., coal miner by trade; always healthy and temperate; of small wiry stature and good constitution, with nervo-sanguineous temperament, on March 26, 1864, entered my Institute, having fractured and lacerated his left leg by a piece of "horse-back" slate, of about three hundred pounds weight, falling upon it. An oblique fracture of the tibia and fibula, with a laceration of the skin and fascia, in the longitudinal axis of the limb, to the extent of four inches, was found, the wound being covered with coal dust. The great toe was torn, and nearly stripped of dermis and its nail. There was another cut above the first one, in front of the limb, and a third on the posterior face of the leg, each measuring about three inches. After the wounds had been cleaned of dirt, by ablution with tepid water, attempts were made to reduce the fracture and bring the broken fragments in situ; but the superior one, very oblique and denuded of periosteum, could not be kept down, and, therefore, was resected, along with the pointed extremity of the lower one, by the chain-saw, three-quarters of an inch being removed. The lips of the wound were next gently approximated by narrow strips of muslin encircling the limb, a ground

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linseed poultice was applied, and the whole extremity secured upon my volar sheet-iron splint, with lateral splints embracing its sides. Notwithstanding the wound was kept open, allowing all secreta to be promptly discharged, phlegmon of the whole leg and outside of the femur, with profuse suppuration and irritative fever followed, requiring free incisions along the lateral faces of the limb, for the evacuation of the burrowing matter. Lint, soaked in tinct. opii, crocata cum tinct. myrrhæ, was daily applied to the wound made by resection of the fractured ends of the tibia, which induced granulations to grow out, yetnot as vigorously and healthily as is generally the case in resection. Suppuration, the effect of the phlegmonous inflammation, gradually subsiding, the wounds, which had been made, soon closed; yet at the end of two months, faithful dressing, assisted by a nutritious diet, with tonic and stimulating medication, union, at the seat of fracture, was still absent. The granulations, though filling up the bottom of the wound, continued flabby, not ready to be converted into bony material, while the pulse remained quick, yet the appetite was good, and general functions normal. Very small spiculæ of bone detached themselves, from time to time, from the resected extremities. A month later, though the general health appeared good, with absence of fever, all functions being duly and normally performed, consolidation had not progressed; the papillæ carneæ in the wound, still remained soft and unhealthy, and an angry, livid blush surrounded the seat of fracture, over which small ulcers, with sharp edges and scooped bottom, were scattered. Not being able to account for this want of reparation, under conditions of the system otherwise favoring repair, the liberal diet, with stimulant and tonic medicines, as quinine, iron, phosphoric acid, tinct. cinchonæ, and milk-punch, were unremittingly continued, and the resected extremities braced together and held in this position by plaster strips, laid along the side of the limb, and confined by the circular ones around the knee and above the ankle. By thus narrowing the space between the resected extremities, which were rounded off and bulbous, and forcing them together, it was hoped that consolidation still would follow. Remaining, however, in the same condition, though various stimulating dressings had been resorted to, fourteen weeks after the accident they were again resected, to the extent of an inch each, and found to consist of new, firm, bony material, depos-

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ited over, and incorporated with, the old bone, without sequestrum. Great care had been taken, during their removal, to save the periosteum, which was carefully detached for the subsequent formation of new bony tissue. The fibula had firmly united. The wound was now loosely filled with lint, soaked in tinct. opii and myrrh, which was daily changed, while immovable rest to the whole limb, and the same tonic and stimulating treatment was persevered in. Granulations again began to grow out, filling the gap between the resected extremities slowly, yet steadily—the angry blush, surrounding the seat of fracture, having disappeared. On November the 9th, nearly six months after the accident, however, the tibia was found ununited, though the wound over it had been closed, leaving a depressed cicatrix, with fistulous openings. Opposite the seat of fracture, on the posterior surface of the leg, a fistulous opening was noticed, leading to the fracture. Small abscesses next formed around the wound, denoting an unhealthy condition of the limb, in consequence of which, consolidation of the granulations thrown out between the resected bone was prevented. The limb was now firmly bandaged and supported by splints, after which the patient was allowed exercise on crutches, hoping thus to excite more vigorous healthy action in the limb, with eventual bony reunion ensuing. Though firm compression of the limb was kept up for several weeks, yet ossification of the tibia had not yet taken place at the close of December. There was still a fistula left, with unhealthy, greenish edges, into which a probe entered some distance, in an outward direction, discharging thin offensive matter, which chafed the surrounding skin, already angry and deeply reddened. Various detergent applications were made use of, and cod-liver oil administered internally, along with the tonic remedies previously ordered. A month later the fistula had healed, yet ligamentous union only connected the broken resected fragments. Some superficial ulcerations having appeared on the inner face of the right thigh, with knotty lymphatic enlargements, seated under the skin, which extended towards the groin — simulating the expression of a scrofulous taint in the system, as a barrier to ossification of the tibia—the use of cod-liver oil was continued. He left my Institute, for the country, some weeks later, with his limb embraced in leather splints, and was directed to walk, but lightly supporting himself on crutches. Some months later, he returned, able to

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walk upon his limb; but union, at the seat of fracture, though firmer, had not become osseous. A year after, I saw him again; union then appeared to be bony, no motion, at the seat of fracture, being perceptible. He still wore the leather casing, determined not to leave it off, for fear of injuring the tissues which were so tardy in consolidating. He has perfect use of the limb, and feels greatly gratified at his own patience for having nursed his limb so long, (which his friends, during those trying months, had frequently urged him to have removed,) and at our perseverance and exertions, which wrought its eventual recovery.

The crushing force, which the limb of this man had received, producing extensive laceration of the soft tissues, and fracture of the bones, was severe enough to demand, according to the rules of surgery, primary amputation; and fully justified were the two medical men who saw the case first, in urging it upon the patient. Yet, reluctant to part with his limb, I too, failed in convincing him of the risk to life by attempts at saving. Conservative surgery was therefore embraced, and succeeded, after the lapse of many months, in restoring the limb to its former usefulness, which, but for the perseverance and patience of both patient and surgeon, would, undoubtedly, have been sacrificed.

The tardiness, however, with which granulations appeared at the seat of resection, and their flabby, unhealthy condition, in a constitution, otherwise apparently promising vigor of repair, was a source of anxiety for many months, greatly increasing the burden of the conservative surgeon. The cause of the slowness of repair, notwithstanding vigorous local and general means had been called into requisition, could not well be defined. Was it due to destruction of periosteum, by force of injury and subsequent sloughing and suppuration, or to a taint of the system, syphilitic or otherwise?

Proof of the former, though probable, failed to be adduced, while syphilitic poisoning, at any time previous to the injury, was decidedly denied by the patient. To attribute it to a scrofulous cachexia lingering in the system, in the absence of exterior indications, can not be sustained by experience, as scrofula seldom shows its ravages at this time of life, without previous manifestations; and, moreover, as in the resection of bones of confirmed scrofulous children, exuberant granulations, and their

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rapid formation into bony material, is generally noticed. Yet cod-liver oil, with tonics was freely used, but no claim is attached to the former for having expedited the ossification, which had been so long delayed. In the absence of any palpable cause, this anomalous condition of the system in not responding to the action of the local and general remedies which are known to promote healthy and vigorous bony repair, may be assigned to want of fresh air, to which the patient had been habituated before in the country, and to confinement in a hospital, though otherwise conducted with strictest regard to hygienic rules.

If eventual success, though delayed longer than reasonably could have been expected, has been the result in this case, what greater stimulus for exertion, in the conservative field, is needed by the surgeon? How inviting its cultivation, promising such rich and beneficent fruits. Sad as is the reflection of the portentous number of mutilations, *unjustly*, thus far, entailed on the afflicted, it is consoling to hope that under conservative rule, certain to reign, the number of amputations *absolutely* required in injuries, even of the gravest character, ought and will *then* be but very limited.

Admitting that a certain amount of experience in conservatism is of great value, in successfully treating cases of this nature, yet, even without it, every surgeon can be conservative and successful likewise, if but rashness in judgment and action, love of mechanical display, and that reprehensible craving for renown by amputation, is discarded, and in their place, mercy to the afflicted, and devotion for his restoration, even at the expense and sacrifice of much labor and toil, is anxiously and ardently cultivated, while the management of the case is mainly intrusted to the hands of Nature. As determined and persevering action is the great lever of success in every worldly calling, in conservative surgery it will not be less so, if but the erroneously existing pressing necessity of immediate mutilation by amputation, in severe injuries—so generally and tenaciously upheld—be discarded; and with it hesitancy in action, and doubt about the issue, by conservative treatment, be removed. The fallacy of human judgment being proverbial, and many cases of severe injuries having been known to recover under the patient's resistance to amputation, in the face of the surgeon's most strenuous and unequivocal assertions to the contrary—of

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which the late national war has offered many examples,—mercy to the afflicted, by conservative treatment, should not be denied; which has proved more potent than was ever expected by its most ardent cultivators. Yet, so long as the love of renown and reward for the number of amputations performed, remains the ruling passion of the surgeon,—forgetting that one limb saved, when apparently hopelessly injured, or almost irrecoverably diseased, reflects greater and brighter credit than an hundred successful amputations,—conservative surgery will be cultivated but by a few, to the evident injury of the science of surgery, alike as to that of the afflicted. This love and spirit of false professional pride, seeking social and pecuniary advancement by mutilating operations, too common in general, and in the locality of the writer, not the less prominent amongst professed surgeons, must first cease before the yet hidden blessings of conservatism can be fully unfolded for the benefit of the afflicted. That these happy days, however, inaugurating a reform in the treatment of surgical injuries and ailments, by conservative means, are seen looming up in the distance, and steadily approaching, the daily records of surgical progress are plainly and happily attesting.

On Paraphymosis. By N. B. Wells, M. D., LaGrange, Ky.

In a practice of some twelve years extent, I have been called to treat some half a dozen cases of paraphymosis. In the first case, which occurred in a boy of about eight years of age, I tried the usual method of reduction, viz: by seizing the body of the penis between the index and middle-fingers of either hand, and endeavoring to draw the prepuce forwards, at the same time compressing the glands between the two thumbs, and pushing it back. In this attempt I failed, and then resorted to the knife, dividing the constricting preputial orifice, which enabled me to bring the prepuce forward, after the application of some evaporating lotion.

The subsequent cases were reduced without the use of the knife, after the manner above indicated, excepting the last one, which occurred to me this day. It was the case of a little boy of some six years of age. Last night, by some means, he retracted the prepuce, and was unable to return it to its proper place. Great constriction about the sulcus was the result. The little fellow

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fretted and chafed all night under the pain attending his condition, and would not tell his parents what was the trouble, only answering that his bowels pained him, on being questioned by them. This morning, early, he, however, let them into the secret of his true condition, whereupon they immediately summoned me to his assistance. On arriving, I endeavored to reduce the deformity by the method above indicated. After several determined efforts, which caused him great suffering, I was compelled to give it up, with the idea that I should have to resort to the bistoury. I examined Druit, Erichsen, etc., on the subject, and both these good authorities gave me no other comfort, after the failure of the *manual* method, save the knife. But feeling loth to resort to this method; in this case, I resolved to try an evaporating and astringent application for a few hours, with the view of reducing the serous effusion under the integument, and the general swelling and inflammation as well, and thus, possibly, be enabled to bring the prepuce forward to its wonted position, without cutting.

Accordingly, I made a strong solution of acetate of lead in pure water, and with this I kept the whole organ well enveloped for eight hours, by means of soft old cotton, and at the end of this time (this evening) I was able to reduce the paraphymosis with but little trouble or pain to the patient. Very soon after this he evacuated the bladder, and is doing well.

I do not report this case because I consider the treatment of it very instructive, or unique. Possibly, hundreds of cases of this class have been treated by my professional brethren in the same manner, or perhaps more skillfully. But the important point with me, in saying aught upon this subject is, that I may suggest the possibility, in many of these cases, of reducing them back to their natural state by means similar to that resorted to by me, in the above case, after failing with the *manual* method, and thus avoid the use of the knife, which is always fraught with much dread to parents, in the case of small children, to say nothing of the actual pain of the operation. And if the application of cold and astringents serve a good purpose with juveniles, why not be of equal benefit in cases of adults? While I would not presume to say that the above case should establish its treatment as a rule, yet it certainly affords a slight hint of the propriety of its trial, instead of invariably and abruptly resorting to the knife, in all cases, where the manual or digital plan fails.

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Obstetrical Cases.—Cephalic Version. By Wm. Carson, M. D., Cincinnati.

On May 2d, 1866, I was called to see Mrs. N., in labor with her third child. I found her in charge of a German midwife, who officiates frequently in such cases, in the eastern part of the city. She had been in labor four or five hours. The waters had escaped, and with them the midwife had observed that the arm came down. A vaginal examination showed the hand and arm in the vagina, and the os uteri well dilated, with rather feeble pains. The woman's general condition was good. Preparatory to manual interference, I ascertained that it was the left arm and shoulder that was engaged, and that the head and face, in the right iliac fossa, were easily felt externally. My first impulse was to turn by the feet, but finally concluded to try cephalic version, for the reasons following.

The waters were evacuated, which would render podalic version more difficult than with undischarged liquor amnii. The uterine pains were feeble, and I found that the child could be moved, by an upward effort with my fingers in the vagina, with little resistance from uterine contraction, and the head of the child seemed to be easily manipulated externally. I accordingly returned the arm and hand within the os uteri; made upward pressure upon the shoulder, carrying it towards the opposite side from the head, and at the same time pressure upon the head by external manipulation; and had the unexpected satisfaction of finding that the presentation of the child was being changed to that of the vertex, in the second position. I continued the external pressure, and maintained the vertex in position until I felt it was secure by uterine pains. I left her, with the direction that, if her unassisted efforts were not sufficient to accomplish her delivery within two or three hours, I should be sent for. I was called within that time, and concluded to deliver with the forceps, which was done immediately, the child being dead.

It would seem that this was a case unusually favorable for the performance of cephalic version, from the relaxed condition of the abdominal walls and the uterus. An unfavorable circumstance was the fact that the liquor amnii had been discharged and the shoulder well engaged. The particular manipulation which Prof. M. B. Wright, who has written on this subject, uses (and describes in his prize essay), is as follows, "we apply our fingers upon the top

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of a shoulder, and our thumb in the opposite axilla, or on such part as will give us command of the chest, and enable us to apply a degree of lateral force. Our left hand is also applied to the abdomen of the patient, over the breech of the fœtus. Lateral pressure is made upon the shoulders in such a way as to give the body of the fœtus a curvilinear movement. At the same time, the left hand, applied as above, makes pressure, so as to dislodge the breech, as it were, and move it toward the center of the uterine cavity. The body is thus made to assume its original bent fœtus, the points of contact with the uterus are loosened, and perhaps diminished, and the force of adhesion is in a good degree overcome. Without any direct action upon the head, it gradually approaches the superior strait, falls into the opening, and will in all probability, adjust itself as a favorable vertex presentation. If not, the head may be acted upon as in deviated positions of the vertex, or it may be grasped, brought into the strait, and placed in correspondence with one of the oblique diameters. The mode we adopted was the one commonly in use, and different from that recorded above. The result was easily accomplished in our case, and with less effort and difficulty than is usual in podalic version.

Rupture of the Uterus.—On Sunday, February 10, seven o'clock, A. M., I received a message to call on Mrs. F., East Front street, who had been in charge of a midwife, during the evening and night previous. She had had four living children, without any difficulty and with very short labors. I found a vertex presentation, and the head within easy reach, in the superior strait. The woman was restless, with a feeble pulse, and anxious for relief. I learned at that time from her attendant, of nothing unusual in the course of her labor. The indications were to relieve her quickly, and for that purpose I went for the forceps. Upon my return, in half an hour, I found such a change, and so much prostration, that I concluded there was some unusual reason for it, and that she would probably die in the act of artificial delivery. I ascertained, that up to eleven o'clock of the night before, she had had regular and active pains—that about that time she had exclaimed, "Oh I'm burst"—that her pains then ceased; she had had chills and had perspired freely at times since that. The failure of vital power was very rapid after we saw her.

We concluded from this history, that the uterus had been

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ruptured at the time of her exclamation—eleven o'clock, the night before—and eight and a half hours before we saw her. External examination showed a large distended, but yielding abdomen. The limbs of the child could not be felt; nor did the uterus seem to be contracted, as it would naturally be with the fœtus in the abdominal cavity. The head of the child had not receded in the pelvis. After consulting with Dr. Littel, whom I met in the neighborhood, we concluded no interference was advisable, as the woman would evidently die very soon. There was no evidence of the child being alive. She died within an hour. Upon opening the abdominal cavity, soon after death, in presence of Drs. Dawson, Littel and Minor, we found considerable effusion of blood in it, and a transverse rent in the anterior and inferior portion of the uterus, involving the cervix. The child had only partially protruded from the rent, and it required some effort to withdraw it from its position. The head was hydrocephaloid, which was a sufficient explanation of the accident. There thus was produced a relative deficiency of the pelvic diameters. There was no actual deficiency, as examination and the history of her preceding labors had shown. The pressure upon the uterine walls between the enlarged head and the anterior portion of the pelvis, might account for the transverse rupture at that point. The diameters of the head measured as follows: Bi-parietal, five and three-quarter inches; antero-posterior, seven and one-half inches; circumference, eighteen and three-quarter inches.

Many of the predisposing causes of rupture do not seem to have existed in her case. The uterus did not appear thinned or softened, so far as our examination went. The uterine contractions had been vigorous up to the moment of rupture. There was no history of any predisposing cause from her former labors. She had recovered rapidly from them without any metritis or puerperal accidents. Frask, in his monograph on rupture of the uterus, published in *American Journal Medical Sciences*, of 1848, mentions a case where chronic inflammation had supervened previously to her last labor, "which resulted in softening of the uterus, the resistance of a dropsical head causing laceration of the organ after a very few pains." The dropsical head was the chief predisposing, and the active uterine pains the immediate, cause of the rupture. She had not taken ergot.

Among nearly three hundred cases of rupture in Frask's mono-

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graph, in eight there were dropsical heads. No measurements are given.

At the time we were called to this case, the woman, from the accounts of her attendants, had been in labor at least twelve hours. The rupture had occurred eight and a half hours before, and the woman was too feeble to justify interference. Besides, the child was dead. If we had been called at the time of the accident, or soon after, the mode of relief would have required consideration. Gastrotomy would have been the most feasible operation.

Croup. Translated from Niemeyer's Lehrbuch der Speciellen Pathologie und Therapie. By SAMUEL NICKELS, M. D.

Pathology and Etiology. Croupous inflammation presents that form of inflammatory structural disorder in which a fibrinous exudation, which coagulates rapidly, takes place upon the free surface of mucous membranes, involving only the epithelium. If the resulting croup membrane is thrown off, the epithelium is rapidly regenerated; no loss of substance occurs; no cicatrix is left. Diphtheritic inflammation, which is rarely observed on the respiratory mucous membrane, is also attended by a rapidly coagulating exudation, rich in fibrine, differing however from that of croup, by being exuded, not *upon*, but *in* the mucous membrane, infiltrating its tissue, and compressing its vessels, so that the mucous membrane loses its vitality, and is changed into a slough. This is cast off; there is loss of substance, and later, a cicatrix. Only secondary croup, *i. e.*, croupous laryngitis, which must be regarded as a symptom of general constitutional disorder, and which is occasionally associated with measles, small-pox, typhus, but particularly scarlatina, presents a transition from the croupous to the diphtheritic form of inflammation of mucous membranes, and is frequently observed affecting the pharynx in bad cases of scarlet fever.

Croup, which is not often observed on other mucous membranes than the respiratory, presents the peculiarity that it is almost wholly confined to the larynx and trachea, during childhood, and rarely attacks the air-cells; that, on the contrary, croupous pneumonia—a true croup of the air-cells—is a frequent disease in adult life, when the larynx and trachea are almost exempt.

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Though croupous laryngitis is, accordingly, almost confined to childhood, yet the predisposition is not marked in infancy; the disease, likewise, becomes rare, after the second dentition; the greatest liability to croup, therefore, is found between the second and seventh years. Boys are attacked more frequently than girls; but it is an error to suppose strong, blooming, well-nourished children pre-eminently predisposed; on the contrary, delicate, weakly children, who are the progeny of tuberculous parents, and who present evidences of defective nutrition, pale skins, intensely blue veins; who are liable to serous skin diseases, to enlargements of the lymphatic glands, to acute hydrocephalus, are also more prone to croup. It is a matter of daily experience that, in certain families which present a great mortality, a part of the children die of hydrocephalus, another part of croup, while the surviving ones become tuberculous at a later period in life. Not unfrequently, croup becomes developed soon after the disappearance of a moist eruption from the head and face.

Croup is more frequent in northern regions, which are much exposed to wind and moisture, than in southern, better protected places. Sometimes croup becomes epidemic; many children are attacked, even in small places; not seldom several children of the same family, in a short time, suffer from the most intense and pernicious forms. It is this epidemic variety which seems most frequently to be associated with croup of the pharynx.

The exciting causes of croup are, in most cases, unknown; in some cases the disease appears to be induced by direct irritation of the laryngeal mucous membrane, or by cold. Sharp north or north-east winds are in bad repute.

Morbid Anatomy.—The diseased mucous membrane presents different degrees of redness, from slight vascular injection to ecchymosis. It has been asserted that the redness is less, as the exudation is more abundant; and from the occasional absence of the redness it has been concluded that croup presents a particular form of inflammation, running its course without hyperæmia. We have already shown that the paleness, after death, of mucous membranes, which were hyperæmic during life, is owing to the abundance of elastic tissue they contain.

The mucous membrane is denuded of its epithelium, and, like the sub-mucous tissue, swollen and spongy; even the muscles of the larynx appear *moist*, *pale* and *soft*. Very frequently, but not

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always, the free surface of the mucous membrane is found covered with the croupous exudation. The absence of the croup membrane in the cadavers of patients who had died with the phenomena of croup, has been the occasion of the artificial division into *true* and *false* croup, and many physicians still affirm that, in the numerous cases in which no membrane is found in the larynx, on post-mortem examination, the patient did not die of "genuine" croup. In croup, of course, as in other diseases, there exudes a fluid plasma, which coagulates after exudation. Should it be thrown off before death, either in the fluid or coagulated form, the larynx would be found free; but the disease would nevertheless be the same as in those cases in which a coagulated exudation lines the mucous membrane. The croupous exudation sometimes possesses the consistence of glutinous cream; sometimes forms compact, tough membrane; sometimes it lines, as a continuous membrane, the internal surface of the larynx; occasionally being continued down into the trachea and bronchi, in the form of branching tubes; sometimes only few flakes and patches are found adhering to the mucous membrane. The soft and thin pseudo-membranes are easily separated from the mucous membrane; the tough and compact are more adherent. The external surface of the firm, dense, pseudo-membranes, which are often more than a line in thickness, presents frequently numerous red streaks and spots of adhering blood, which correspond to small bleeding points of the mucous membrane. After adhering for some time, the pseudo-membranes are loosened by a serous exudation coming from the surface of the mucous membrane, and are then expelled, either in the form of complete tubes, or flakes and patches. If the course of the disease be favorable, the epithelium is soon restored, and the laryngeal mucous membrane returns to its normal condition. In other cases the expulsion of the first pseudo-membrane is followed by further exudation; and thus the process may be repeated until finally exhausted, or until the patient succumbs.

The croup membrane is seen, under the microscope, to consist of amorphous or finely fibrillated fibrine, containing in its meshes numerous young cells, entangled during its exudation.

The frequent complication with croupous inflammation of the pharynx is of great importance in the diagnosis of croup, as well as in the physiological explanation of its symptoms. The

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French consider only those cases true croup, in which this complication is present; all others, false croup. In Germany, also, the frequency of the simultaneous existence of both forms of disease has been confirmed, since attention was directed to this point.

A high degree of hyperæmia of the bronchial mucous membrane, and of the lungs, is almost always present; frequently, croup of the bronchi and pneumonia. We will explain these conditions as the necessary results of laryngeal croup.

Symptoms and Course.—In many cases the attack is preceded by precursory symptoms; the patient is capricious; presents slight febrile phenomena; is hoarse and has a suspicious cough. These may be the unimportant symptoms of a mild laryngeal catarrh, or the prognostics of one of the most destructive diseases of children. The observing physician will generally be able to distinguish, even at this time, the one from the other. *In all cases the fauces should be examined*, although no complaint of uneasiness in swallowing be made. If they are reddened, and the tonsils swollen; if they present, here and there, small, firm, whitish patches, we may consider this as pathognomonic of commencing croup. Just as we found frequent sneezing, copious discharge from the nose, with the same group of symptoms, characteristic of catarrh of the larynx. The individual predisposition should be considered, in making the diagnosis between croup and laryngeal catarrh. We need not feel so much alarmed about children who have become hoarse and had a barking cough after every slight cold, and whose brothers and sisters have not shown a predisposition to croup, as in those cases where the children have already survived attacks, or where brothers and sisters have died of this disease.

These symptoms may precede, for several days, the actual attack; but in many cases they are entirely absent, and the disease begins suddenly, and unexpectedly, with all its terrors. Late in the evening, or at midnight, the child awakes with a rough hoarse voice, or the voice is almost inaudible, and makes sudden transitions, from the ordinary soft low key to a very high shrill pitch, owing to the momentary contact of the vocal cords, which are swollen and often covered by exudation. The short sharp cough soon becomes rough and hoarse; and, if the effort be sufficiently strong to stretch and arch the vocal cords, barking,

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but after a while, loses all sound. We *see* the child speak and cough, but do not *hear* it.

In addition to these symptoms, which depend solely on the softening and thickening of the vocal cords, and the exudation upon them, and which exactly resemble those of catarrh of the larynx, we find a continuous, perilous dyspnœa, pathognomonic of croup, but rarely, and then only transiently, associated with laryngeal catarrh. This dyspnœa, the result of narrowing of the glottis, and whose cause, in the absence of the croup membrane, we will endeavor to explain, is very peculiar, and not easily confounded with other forms of difficult breathing. The respiration is extremely *laborious;* one can see the great efforts the child makes to inspire. All the muscles aiding in the expansion of the thorax are in full activity; the child raises itself up and extends the vertebral column, in order to increase the expansion of the thorax, by elevating the ribs. Notwithstanding these forcible efforts, the air passes but slowly through the contracted glottis; the respiration is remarkably *protracted;* the forcible passage of air through the narrow glottis, produces a *highly characteristic whistling sound*, which once heard is readily recognized. During these laborious respiratory efforts, the dilator muscles of the alæ nasi contract, and thus expand the nostrils (an instinctive action of these muscles, without which the nostrils would be closed by the rapid rarefaction of the air in the nose), and though this rapid action of the wings of the nose is not pathognomonic of croup, yet there is another highly characteristic sign in cases of this disease, which depends on the rarefaction of the air in the thorax, necessarily resulting from its expansion while the glottis is contracted. We observe that the epigastrium, and even the lower part of the sternum, is forced deeply inward during each inspiratory effort. The diaphragm, overcome by the rarefaction of the air in the thorax, is forcibly drawn upward, as its thoracic surface is subjected to much less pressure than its abdominal surface. At the same time, the lower ribs are drawn inward, during inspiration, by the contraction of the diaphragm which is unable to approach the level position, and thus the lower thoracic aperture becomes narrowed.

The whole expression of the child indicates want of air, great exertions to obtain it, and despair, produced by the ineffectual efforts. The child desires to leave its bed for the arms of the

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nurse, and then wants to return to bed; agony is apparent in its features; it strikes about itself; changes its position; takes hold of its throat and pulls its tongue to remove the obstruction; the face is disfigured and covered with perspiration. A child suffering from croup, is one of the saddest and most pitiable of sights.—[*Continued in next number.*

Uterine Exomphalos. Proceedings of the Academy of Medicine, Indianapolis, Ind., February 5, 1867.

Dr. D. H. Oliver read the history of an unusual obstetrical case, in which the child was born alive, after six hours of natural labor. The mother's abdomen presented a cone-like appearance at the time of confinement, the apex of the cone being about the umbilicus. Finding the presentation natural, he gave it no special attention until after the child was born. After the delivery of the child, the placenta not coming away, and the cord being very weak and slender, so as not to bear even slight traction, he examined the abdominal tumor more carefully, and found a dilated umbilical opening, through which the fundus of the uterus, containing a large substance of some kind, was projecting. This tumor-like projection was the fundus of the uterus, with its contents (subsequently determined to be the placenta very much larger than usual), projecting through the dilated umbilical opening of the mother, and slightly constricted by the recti muscles at the base. He elevated slightly the tumor, turned it edge-downward, and it passed with some noise into the abdominal cavity; after which the after-birth, weighing nearly eight pounds, was easily delivered. The child was healthy, but weighed only five pounds. He thought that the stricturing of a portion of the womb containing the placenta accounted for the disproportion between the placenta and child. He had never seen the mother until called to her during the labor, but learned that she had umbilical hernia when a child. She had had one child previously, without trouble, and made a good recovery. Nothing abnormal, except size, was observed in the placenta; no microscopic examination was made.

Dr. T. B. Harvey thought the labor was prolonged because the abdominal muscles could not act effectually. The size of the child would indicate that it was deprived of a part of the placental

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supply of blood, by the constriction of the fundus of the suture by the recti muscles.

Dr. W. J. Elstun could not understand how hernia of the impregnated uterus could occur.

Dr. J. K. Bigler thought anteversion would favor it.

Dr. L. D. Waterman regretted that all the facts as to the condition of the abdomen before delivery, and the structure of the cord and placenta, were not obtained. There was early umbilical hernia and weakness of abdominal walls, and as the uterus enlarged, it passed in this direction naturally, giving the cone shape. There was disease of the placenta, probably, furnishing a meager supply of blood to the child, accounting for its proportionately small size; and the placenta was over-developed by nature's efforts to make amends for quality by quantity.

Dr. James H. Woodward believed that the placenta was imprisoned ; thus cutting off the circulation from the fœtus.

Dr. John A. Comingor thought the difference between the size of the child, cord and placenta, of interest, and that there was a hernia, somewhat constricted, by reason of its size, of the fundus uteri with the placenta enclosed.

Dr. T. M. Stevens thought the placenta increased in size, in obedience to the law that "diminished pressure admits greater growth." Could not believe there was stricture of any portion of the uterus during pregnancy.

Dr. J. M. Gaston could not see how pressure could have been exerted on the cord if there was no hernia. Thought the size of the placenta arose from some vice in the mother.

Dr. T. B. Harvey disagreed with Dr. Stevens, according to whose theory the placenta might fill the uterus if pressure did not prevent.

Dr. L. D. Waterman thought a stricture which would not interfere with the circulation between the placenta and the child would destroy a portion of the uterus. The uterus in developing with the fœtus would push out the walls, but not become strictured.

Dr. F. B. Nofsinger differed from those who thought the uterus was strictured by the muscles before labor, because the uterine vessels came from below the strictured part, and this would cause a diminished size of the placenta.

J. H. Woodburn, M. D., President.

F. B. Nofsinger, M. D., Secretary.

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Reports of cases of *Uterine Exomphalos* are rare in the literature of the profession; and it is with great pleasure we publish Dr. Oliver's case, with the discussion that ensued in the Indianapolis Academy of Medicine upon its being reported.

In the Transactions of the London Obstetrical Society, vol. I, p. 77, Mr. Murray reports a case in which the hernial protrusion took place at the eighth month of pregnancy; the subject, thirty years of age, already the mother of three children, had always suffered from a slight and easily reduced umbilical hernia. The hernial tumor consisted of two-thirds of the uterus, the lower part toward the os lying in the grasp of the umbilical ring. The hernia measured seven or eight inches by five. An examination per vaginam proved that no os uteri could be felt with the finger, and the vagina greatly elongated, and narrowed, particularly the upper or uterine extremity of this canal. The umbilical ring measured from three to three and a half inches in diameter; and was capable of great distension. The hernia was easily reduced; the ring yielding readily, and equally all around. The patient accomplished her full term, and was delivered of a healthy child.

So, too, there are instances on record of separation of the fibres of the *linea alba*, allowing the protrusion of the gravid uterus; so too, of inguinal or femoral hernia of the uterus in like condition.

The weight of the placenta which Dr. Oliver gives in his case, is simply *enormous*, or, as Dominie Sampson would have said, *pro-dig-i-ous*.

Dr. Priestly, *On the Gravid Uterus*, London, 1860, says: "Taking the mature organ as our type, its diameter averages from seven to eight inches, and its weight from eighteen to twenty-four ounces. It is liable, however, to considerable variation, both in size and weight, being generally largest with the heaviest children; but instances are recorded by Wrisberg and Stein, in which the placenta had undergone such an amount of hypertrophy, as to weigh in one case three pounds, and in another six pounds." But here we have a placenta weighing nearly eight pounds—almost two pounds "better" than any previously recorded hypertrophied placenta! T. P.

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Description of a Modification of the Operation for Strabismus. By RICHARD LIEBRIECH, M.D., Professor of Ophthalmology, Paris.

It is well known that, if the internal rectus muscle be divided in the manner now generally practiced, it is possible to correct a squint of from two to two and a half lines in adults, and from two and a half to three lines in children. But, if the deviation exceed this extent, it will be necessary to perform two, three, or even more, successive operations.

Whilst the division of the effect between the two operations, one on each eye, offers certain advantages with regard to the symmetry and uniformity of the movements of the eyes, the performance of a third or fourth operation—i. e., its repetition upon a muscle which already has been divided—is attended by great disadvantages. In fact, by such a repetition of the tenotomy, anything like an approximative calculation of the result is rendered impossible. In some cases the effect will be *nil*, in others excessive; so that, as was once said by a well known ophthalmic surgeon, when a third tenotomy has once been made, it is impossible to predict how many more it may be necessary to perform upon the same individual.

This is probably owing to the cicatricial adhesions which are formed after the first operation, as they prevent the performance of the usual simple tenotomy. For, if we be not careful to divide these adhesions completely, it may easily occur that a small band, which has escaped our notice, will mar the effect; or if, in order to secure their complete division, we have been obliged to incise the parts freely, a divergent squint (in division of the internal rectus) not unfrequently results, with considerable loss of mobility inwards, sinking of the caruncle, etc.; in short, all the disadvantages of the old and now abandoned operation.

About a year and a half ago, I felt anxious to remedy, if possible, these defects, by an alteration in the mode of operating; and I then determined to investigate, with greater accuracy: (1) the anatomical relations of the muscles, with regard to the capsule of Tenon, the sclerotic, conjunctiva, caruncle, etc.; and (2) the mechanical effect of the operation for strabismus.

The capsule of Tenon, which encloses the whole eyeball, with the exception of the cornea, consists of two very different portions. The posterior half, with its smooth, firm, inner surface, forms a cup in which the eyeball moves freely, as the head of a

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joint in the socket. This cup is pierced by the four recti muscles, and forms, at the point of perforation, a sharply defined ring, which enters into so close a connection with the muscles, as to render any displacement between the two impossible. This close adhesion between the muscles and the posterior half of the capsule is, moreover, increased by sheath-like processes, which run backward from the outer surface of the capsule towards the orbit, and which are, for a certain distance, firmly connected with the muscles. But, toward the eyeball, no sheath-like processes extend from the posterior capsule; the latter terminates abruptly in the form of a ring, which encloses the spot where the muscles penetrate, and whence, for a very short distance, the muscles are quite free from any adhesion. But before the tendon is inserted into the sclerotic, it penetrates between the sclerotic and the anterior half of the capsule, and becomes united with the latter.

This anterior half of the capsule, which may be considered as standing towards the posterior portion in the relation of a semi-circular lid to a semi-circular cup, is much thinner than it, and is difficult to dissect, more especially on the dead body; for, like the conjunctiva, it rapidly diminishes in thickness and firmness after death.

If we trace the anterior half of the capsule from the anterior pole of the eye towards the periphery, we commence with a circular opening, which corresponds to the size of the cornea, and through which the latter projects. The margin of this opening is in close apposition to the sclerotic. Within a zone, which is bounded on one side by the opening on the margin of the cornea, and on the other by the line uniting the insertion of the four recti muscles, the conjunctiva, the capsule of Tenon, and the sclerotic are firmly and immoveably connected together. At the periphery of the zone, this condition becomes, however, changed. The connection between the capsule and the sclerotic is interrupted by the passage of the muscles. The lax cellular tissue, which here connects the sclerotic with the capsule and the inner surface of the muscle, may perhaps have given rise to such complex and fanciful descriptions as those of Guerin. (*Gazette Medicale*, 1842, No. 6.) The idea that the muscles, after they have pierced the capsule, are accompanied as far as their insertion by sheath-like processes derived from it, has, owing to these descriptions, maintained itself in ophthalmology even up to this time, and has served

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as a basis for explanations of the effect of the tenotomy, the difference between the old and modern mode of operating, etc. This idea is, however, erroneous; for these sheath-like processes do not exist at all. But, as has been already mentioned, the anterior half of the capsule of Tenon certainly adheres to the upper surface of the muscle, and is intimately connected with it. On the other hand, the conjunctiva is here also tolerably firmly connected with the capsule, as far as a somewhat irregularly circular line, which may be recognized by the fact that it lies at the bottom of a furrow, when the eye is moved in an excentric direction. The formation of this furrow prevents the sinking and tilting forwards of the conjunctiva, which would otherwise occur near the caruncle, as, for instance, when the eye looks far inwards. From this marginal line, the connection between the capsule of Tenon and the conjunctiva becomes quite lax. One portion of the connective tissue, which composes the anterior half of the capsule, is reflected, and passes over into the submucus tissue of the eyelids; another portion attaches itself to the edge of the posterior half of the capsule, in order thus to close the latter. These two halves do not really pass perfectly over into one another, inasmuch as the edge of the posterior half of the capsule is partly continued into the band-like adhesions between it and the edge of the orbit.—From this description, we must call special attention to three points, as being particularly important with regard to the performance of the operation for strabismus.

1. The connection of the muscle with the capsule of Tenon is two-fold. On the one hand there is the annular connection of the posterior capsule, and its sheath-like processes (which are reflected towards the orbit) with the belly of the muscle; on the other, the firm adhesions of the anterior half of the capsule to the surface of the end of the muscle, which penetrates into the capsule.

2. The conjunctiva is firmly connected with the outer surface of the capsule of Tenon, from the edge of the cornea to an irregularly circular, sharply defined marginal line; and, consequently, it stands in a very important relation to the muscles of the eye.

3. The caruncle, together with the semilunar flap, rest upon a band-like ligament, which passes from the capsule of Tenon towards the edge of the orbit. Now, when the internal rectus is contracted, and the eye rolled inwards, this band is rendered tense; and the caruncle, which is fixed to it, is consequently

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drawn in towards the inner edge of the orbit. But the outer edge of the caruncle, together with the semilunar fold and an adjoining portion of conjunctiva, are drawn backwards into a furrow. This is partly due to the fact that, during the movements of the eye, the conjunctiva lies, up to a certain point, in close apposition to the eyeball; and partly also to the fact that, on contraction, when the muscle, on account of its connection with the anterior half of the capsule, must draw the latter backwards, where it will be followed by the conjunctiva (which is likewise connected with the capsule), the semilunar fold, and the caruncle.

From a consideration of the first of these three points, we learn with regard to the mechanical effect of the operation for strabismus, that a division of the insertion of a muscle can only be brought about by a division of the portion of anterior capsule which covers the muscle. For this portion, which passes over the muscle to become attached to the sclerotic just before the insertion of the tendon, keeps the muscle in a fixed position with regard to the sclerotic; so that, if we attempt to sever the tendon from the sclerotic without dividing this portion of the capsule, the tendon would become reunited exactly at its original point of insertion; so that, in fact, it would not have receded at all. It would, however, be not only very difficult, but almost impossible, to avoid incising this portion of the capsule, as, on account of its intimate adherence to the insertion of the muscle, it is always divided simultaneously with it. Even in the subconjunctival operation, although the conjunctiva which covers this portion of the capsule is left intact, the capsule itself is divided along the whole breadth of the insertion of the muscle. This vertical incision of the capsule of Tenon, which always takes place simultaneously with the tenotomy, is the cause of the retrocession of the anterior part of the capsule covering the muscle, and of the annular portion of the capsule which keeps the muscle fixed, and consequently, also, the retrocession of the muscle itself. By increasing the length of the incision in the capsule (Graefe's division of the lateral process), we may certainly produce a somewhat greater retrocession; but, owing to the second point mentioned above, it cannot be very extensive. For the connection of the conjunctiva with the capsule does not permit a more considerable retrocession of the latter, unless we make an extensive vertical incision in the conjunctiva, analogous to that in the capsule, and thus jointly di-

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vide the conjunctiva, capsule and tendon. Such a proceeding is, however, accompanied by considerable disadvantages. On account of the connection between the muscle, capsule and caruncle, the divided muscle draws the caruncle and the semilunar fold backwards and inwards, as well as that portion of the conjunctiva which was divided by the vertical incision. In consequence of this, these parts assume the same position when the eye looks straight forward, which they do in the normal eye when it is turned very far inwards. At the same time, the distance between the semilunar fold and the inner edge of the cornea, is increased, as also the portion of sclerotic visible at the inner angle of the eye; and this gives to the eye that peculiarly disagreeable appearance which was so characteristic of the old operation.

In order to obviate these disadvantages, and yet obtain a much more considerable effect, I am in the habit of performing the following modification of the operation for strabismus, which is based upon the above considerations.

If the internal rectus is to be divided, I raise, with a pair of forceps, a fold of conjunctiva at the lower edge of the insertion of the muscle; and incising this with scissors, enter the points of the latter at the opening between the conjunctiva and the capsule of Tenon; then carefully separate these two tissues from each other, as far as the semilunar fold, also separating the latter, as well as the caruncle, from the parts lying behind. When the portion of the capsule which is of some importance in the tenotomy, has been completely separated from the conjunctiva, I divide the insertion of the tendon from the sclerotic in the usual manner, and extend the vertical cut, which is made simultaneously with the tenotomy, upwards and downwards—the more so if a considerable effect is desired. The wound in the conjunctiva is then closed with a suture.

The same mode of operating is pursued in dividing the external rectus; and the separation of the conjunctiva is to be continued as far as that portion of the external angle which is drawn sharply back when the eye is turned outwards.

The following are the advantages of my proceeding:

1. It affords the operator a greater scope in apportioning and dividing the effect of the operation between the two eyes.

2. The sinking back of the caruncle is avoided, as well as every

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trace of a cicatrix, which not unfrequently occurs in the common tenotomy.

3. There is no need for more than two operations on the same individual, and therefore of more than one on the same eye.

With regard to point 1, we may, if we choose, produce either the effect of the common tenotomy, or we may correct a deviation of four lines, or even more, in adults, and of five lines, or more, in children. In order to prevent the repetition of misunderstandings which have arisen from my *viva voce* statements, I would remark, that it is by no means my intention, when the squint is so considerable in degree (four lines in adults, five lines in children). to perform in all cases only *one* operation. Indeed, in such cases. I entirely agree with the principles laid down by Von Graefe. viz.: to divide the effect of the operation between the two eyes. It is only in exceptional cases, in which the mobility inwards of the squinting eye is much increased, and the aperture between the lids is not wider than in the other eye, that I correct so considerable a deviation by one operation. If certain personal considerations—as, for instance, the departure of the patient—render a repetition of the operation impossible, I prefer a single modified tenotomy to the proceeding adopted by other surgeons (*e. g.*, at Moorfields Hospital), viz: the simultaneous division of both internal recti muscles. If the deviation amounts to three lines in adults, or four lines in children, I generally perform only one tenotomy. It is probably chiefly owing to the possibility of curing a squint of this extent by a single operation, and without any sinking of the caruncle, that the prejudice against the operation for strabismus, which I encountered, not only amongst the public, but even in the medical profession, when I first settled in Paris, has now nearly entirely disappeared. So I am able, by this mode of operating, to correct the deviation in those cases in which the patient, owing to this prejudice, would never have consented to an operation upon both eyes.

With regard to point 2, I need only mention that the suture is to be applied in all cases. I think it of consequence that the conjunctival wound should be completely closed, and in such a manner that the conjunctiva reassumes its original position, so that the edges of the wound can not be shifted from each other. If the finest English black silk and fine curved needles be used, no dis-

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advantages can accrue, even if it should be necessary to apply several sutures.

But I consider the third point—the avoidance of more than two operations upon the same individual—as the most important. I hope that all surgeons who agree with me as to the disadvantages of a third or fourth tenotomy will adopt my mode of operating in all cases of very considerable strabismus. The permanent effect must not, however, be estimated according to the immediate, but the ultimate, result; for the difference between these two is far greater in the modified operation (more especially if it be done extensively) than in the common one; and this applies not only to the deviation, but also to the loss of mobility, which is very considerable immediately after the operation, subsequently diminishes more and more, until it finally does not in the least exceed that which follows the common operation.—*Br. Med. Jour.*

The Restraining Nerves—a Contribution to Nervous Pathology. By Drs. A. Eulenburg and L. Landois.

Although, until recently, only two great groups of nerves were recognized, the sensory and the motor, yet latterly a third group, the restraining nerves, has been added to the former. The elucidation of the diseases of these restraining nerves is the subject of the present paper.

Under restraining nerves are included all those that interrupt, anywhere or anyhow, irritation produced or movement originated elsewhere. Their function, therefore, consists in the staying of movement. These nerves, like all others, are liable to disorder, both in their active and in their conducting apparatus. Besides these central ganglia and fibres, the restraining system possesses also special peripheral terminal organs, to which the restraining impulse excited in the centre or in the conductor is directed, and in which it is fulfilled. The terminal organs appear to be ganglia, standing in relation to the motor apparatus.

The nature of the disorder may be either to increase or diminish the proper functions, as in the nervous system elsewhere.

The range of these nerves comprises four systems, in which the restraining action has at present been clearly shown by physiology. They are:—

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1. The restraining system of the heart movements (cardiac, or that of Weber and Budge).

2. The restraining system of the respiratory movements (respiratory, or Rosenthal's).

3. The restraining system of the intestinal movements (peristaltic, or Pfluger's).

4. The restraining system of the reflex movements (reflex, or Setschenow's).

Corresponding to these are restraint neuroses of the heart, the respiration, the peristaltic movements, and of reflex action.

1. The restraint neuroses of the heart.

Their physiological basis is the experiment of Weber and Budge. showing that irritation of one or both vagi diminishes or wholly arrests the heart's action.

In pathological conditions, a restraint producing irritation of the vagus can be excited at many points, although a direct irritation is uncommon, and an indirect or reflex one much more frequent. The direct irritation is seldom excited in the trunk of the nerve, or in its centre, in the medulla oblongata; more frequently in the peripheral ramifications of the cardiac branches in the heart itself. In central irritation the violent further symptoms that are produced obscure the characteristic signs of vagus irritation. The same occurs also in the case of the so-called heart poisons, such as the salts of gallic acid, cyanide of potassium, and others; and in complicated brain disorder, such as concussion and tubercular meningitis. Neuroses of the vagus form a part of the diseases comprised under the vague term, "angina pectoris."

The physiological type of a reflex heart neurosis is furnished by the well-known crushing blow experiment of Goltz. In this the irritation proceeds from the sensory nerves of the abdominal organs. Pathological cases that admit of the same explanation are sudden deaths from concussion of the abdomen, or from the passage of a catheter. To the same category belong many cases of angina pectoris due to irritation of abdominal organs, and attended by lowering of the heart's action, anguish, syncope, cold pale skin, and fallen countenance. So also do the effects of wounds of the intestine, many cases of (especially toxic) gastritis, of nervous gastralgia with lowering of the circulation, of stoppage or intussusception of the bowels with similar symptoms, of colic from biliary or renal calculi, and of peritonitis. The slow pulse of lead

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colic also depends upon vagus irritation. In all such cases death ultimately depends upon paralysis of the abdominal vascular system, as Goltz, in his blow experiment, has clearly proved. Mention should further be made of certain forms of nervous shock to the heart, with diminution of its functional activity from some abnormal irritation of the genitals, as in onanism and hysteria.

2. The restraint neuroses of the respiration.

The physiological facts that underlie these disorders are not so free from doubt as those that relate to the heart; but they are, nevertheless, certain enough. They rest upon the experiments of Rosenthal, which teach that slight irritation of the superior laryngeal nerve diminishes the frequency of the inspirations; that stronger irritation entirely stops them, with relaxed diaphragm and closure of the rima glottidis; and that the strongest irritation produces contraction of the expiratory muscles. In this way cough is occasioned, and, in the higher degrees of irritation, spasmodic cough.

Rosenthal considers the superior laryngeal to be a restraining nerve for the inspiratory movements of the diaphragm. Its excitation is not centrifugal, like that of others, but centripetal; and its restraining centre is certainly not, like theirs, in the peripheral organ, but in the medulla oblongata, so that an analogous direction of action is maintained.

Pathological conditions dependent upon restraint neuroses of the laryngeal nerve are numerous. Prominent among them are the spasmodic coughs, both the hysterical (a pure neurosis) and whooping-cough, which the authors hold to be an infectious neurosis. Again, there are the attacks of cough brought on by foreign bodies and by material changes in the air-passages.

3. The restraint neuroses of the intestinal canal.

These have their physiological analogues in the stoppage of the peristaltic movement, and the relaxed state of the intestinal walls from irritation of the splanchnic nerves, as first observed by Pfluger, and since confirmed by others. The restraining irritation is probably conveyed to the plexus that is placed between the muscular layers of the intestine, and that supplies the intestine with motor fibres. The characteristic of neuroses of the splanchnic nerves, is the diminution or arrest of peristaltic action, producing retarded evacuation or complete stoppage of the bowel. These symptoms, however, correspond to those of paralysis of the

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motor nerves. It is difficult in concrete cases, therefore, to decide which of the two causes is in operation. Very often there is a combination of both.

An example of irritation of the splanchnic nerves is furnished by the typical symptoms of lead colic, which are pain and obstinate constipation. The first may be very well attributed, in part at least, to irritation of the splanchnic nerves, since they contain sensory fibres. This irritation may itself strengthen the restraining influence by reflex excitation. The active character and the source in irritation of the costiveness are shown by the familiar therapeutic action of antispasmodics. It would certainly have the same character if caused, as some assume, by spasm of the intestinal muscles; but in such case it could only be reflex, and excited through the attacks of colic, and it would probably only occur periodically, and not occasion constipation of so obstinate a kind.

Besides the attacks of pain, and the relief afforded by antispasmodics, the presence of irritation of the splanchnic nerves is further denoted by a similar action upon other restraining nerves, especially the vagus; from which, in half the cases of lead colic, we find marked retardation of the pulse. The distension of the abdomen, again, indicates paralysis of the intestine. The reputed spasmodic contractions are probably only consequences of the pains, and are partly only apparent, and only affect the large intestine, upon which the splanchnic nerves appear to have no restraining influence. They may also be produced secondarily through the irritation of the mechanically-distended bowel, as we see in cases of internal obstruction.

It is probable that the psychical influences that modify the intestinal movements (as in hysteric meteorismus) follow the track of the splanchnic nerves, although their centripetal course, beyond the thoracic sympathetic ganglia to the cerebro-spinal centre, is not certainly known.

4. The restraint neuroses of reflex action.

The restraining action of the will upon reflex movements, and their promotion by decapitation, have long been known. Setschenow was, however, the first to determine experimentally the reflex restraining centre in the brain of a frog, in the corpora quadrigemina, and optic lobe. An analogous office is in the highest degree probable in mankind. The diseases of this restraining ap-

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paratus may serve to explain many spasmodic conditions—such as epilepsy, chorea, tetanus, and paralysis agitans. According to Malkiewicz, we may consider the spasms produced by poisoning with strychnia, alcohol, and opium, to be results of paralysis of the reflex restraining centre, upon which all these substances exert a decidedly paralysing influence. [*Wein. Med. Wochenschr.*, *Half-yearly Abstract*, *July–Dec.*, 1866.

Good Samaritan Hospital. SURGICAL CLINIC, BY PROF. BLACKMAN. *Exsection of the Knee-Joint for Gun-shot Injury.* (Reported by G. W. Haile M. D., resident physician.)

James Trail, æt. 35, native of Ireland, was admitted October 5th, 1866, having a diseased condition of the knee-joint, the result of a gun-shot wound received in the battle of Chickamauga, September 19th, 1863. The ball entered the limb on its external aspect, just above the condyles of the femur, and passed downwards through the knee-joint, and upper end of the tibia, making its exit on the inner and anterior aspect of the leg, about nine inches below the tuberosity of the tibia. The lower opening soon closed, but considerable pain and swelling continued just below the knee, and openings formed, through which, from time to time, were discharged large quantities of pus, and fragments of necrosed bone. The leg became somewhat atrophied, and there was firm anchylosis of the joint. The patient, on admission, being in an anæmic condition, was ordered iron and a generous diet, under which his health soon began to improve, and on the 15th of October, Prof. Blackman operated for the removal of the dead bones, which could readily be felt with the probe. A crucial incision was made along the outer aspect of the joint, when some detached fragments of bone were found and removed, as was also the outer portion of the head of the tibia, which was in a carious condition. The wound healed very kindly, and the parts seemed, for a while, to be in a healthy condition; but in the course of a month from this operation the patient suffered at times violent pains in the part, and on the 20th of November, a large collection of pus had formed in the joint, nearly a pint, mingled with fragments of necrosed bone, having been discharged during the 24 hours. His health

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began again to fail, but under the influence of tonics and a generous diet, it was so far improved on the 14th of December, that Prof. B., in the presence of the class of the Medical College of Ohio, exsected the knee-joint. An incision, resembling the letter H, was made on the anterior aspect of the joint, exposing the articular surfaces of the tibia and femur. With the ordinary amputating saw, an inch and a half of the condyles of the femur, in a softened and carious condition, were removed, and about one inch of the head of the tibia. The bone-gouge forceps were then employed to take away every suspicious looking portion, and to round off the posterior margins of the divided surfaces, so as to render the popliteal vessels less liable to injury. The patella was removed. As the leg had been for a long time somewhat flexed upon the thigh, it was necessary to resort to considerable and prolonged force to overcome this contraction. At length the ends were found to be in apposition, and none of the soft parts included, when the flaps were brought together and the limb placed in a neat and carefully padded fracture box. During the operation the loss of blood was trifling, but shortly after the patient had been removed to his bed, considerable hemorrhage occurred. It appeared to come from no particular vessel, but there was a general oozing from the cut surfaces which lasted several hours. The dressings were not disturbed for four days, the blood being wiped away as far as practicable, with a sponge, while the odor of that which could not be removed without disturbing the parts was corrected by disinfectants. Cold applications were applied over the joint, but little irritation followed, and the transverse incision healed by primary adhesion. A little pus was discharged for several days through the lateral incisions, after which it became very slight, and on the twenty-first day the entire wound seemed to have almost perfectly united. On the eighteenth day after the operation there was secondary hemorrhage from a small superficial vessel, and about ten or twelve ounces were lost before it was discovered. It was readily controlled by pressure. Although perfect union between the tibia and femur seemed about this time to have taken place, the patient was ordered to remain perfectly quiet until the end of the eighth week, when he was allowed to walk about on crutches. Just ten weeks from the operation he left for his home in Ironton, Ohio, and from a letter since received from him he seems highly pleased with the result of the operation.

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In commenting upon the above case, Prof. Blackman spoke of the few successful cases which had been reported of exsection of the knee-joint for gun-shot injuries, and stated that the patient had come to the city for the purpose of submitting to amputation of the thigh. Having reason to believe, from the opportunity afforded of examining the parts, at the time of the operation for the removal of the sequestra, that the osteitis and carious condition of the head of the tibia and the condyles of the femur were limited in their extent, he had urged the patient to try the results of exsection, having promised him that if, after he had made the incisions required for this operation, he should find the bones so extensively diseased as not to warrant an attempt to preserve the limb, he would then remove it by an amputation through the thigh. The exposure of the diseased parts had satisfied him that exsection was the proper operation, and he predicted that should he recover he would have a most excellent and useful limb. He referred to the testimony afforded us upon this subject by Sir. Wm. Fergusson, Mr. Butcher, the President of the Royal College of Surgeons in Ireland, and others, who had extensive experience in this operation. He spoke to the class of the great importance of allowing the limb to remain undisturbed, during the after treatment, so as not to interfere with the osseous union between the tibia and the femur. He had removed the patella in accordance with the practice of the authorities already quoted, as when left behind, it had frequently become carious, thus requiring a second operation. Prof. B. directed a generous diet, with proper attention also to the secretions.

Legouest, in his *Traite de Chirurgie d'Armee*, (Paris, 1863,) p. 750, observes:

"Resection of the knee for gun-shot injuries has, to our knowledge, been performed seven times: 1st, In the Schleswig-Holstein war, by the advice of Stromeyer: 2d, In the Indian campaign; 3d, In a London hospital; 4th, Ditto, in a hospital in Birmingham, England: 5th, By Textor: 6th, by Laken, before Sebastopol; 7th, by Verneuil, in which operation we assisted. All, but the last patient, are dead. Vernueil's patient recovered in three months, and had a useful limb."

Legouest adds, that judging from the above facts, resection would seem to be equally grave, if not more so, than amputation, but he admits the cases then reported v ere insufficient to enable us to form

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a definite judgment. In the field, circumstances are highly unfavorable to the success of the operation.

Prof. Hamilton, in his *Treatise on Military Surgery* (Ed. 1865,) p. 513, thus remarks:

"The following example we believe to be the only successful case of excision of the knee-joint, made for gun-shot injuries, ever yet placed upon record. . . . . A man, æt. 20, was wounded in the right knee, October 22, 1862. . . . On the second day after the injury, Dr. Bontecue removed one and a half inches of the lower end of the femur with a saw; and with a pair of bone forceps cut away the articular surface of the tibia, until the bone was exposed. The patella was dissected out. A portion of the wound healed by the first intention. On the twenty-eighth day the wound had entirely closed; and at the end of a little more than two months from the date of the operation the patient was discharged. There was then "no pain or tenderness about the joint." Several other exsections at this joint have been made by our army surgeons for gun-shot injuries, but so far as we are informed, no other cases have been successful."

Dr. Bontecue heard from this patient in 1865, and he was still in good health.

In the Jacksonian Prize Essay for 1865, on *Diseased Conditions of the Knee-Joint*, by W. P. Swain, Esq., and published in the *British Medical Journal*, we find in the number for November 17, 1866, p. 542, the question of excision in gun-shot wounds, of this articulation thus briefly noticed: "In cases of gun-shot wounds, where severe damage is done to the osseous structure, I think, from the slender information we have, that the proceeding is of very doubtful utility. Hodges has collected the history of twelve cases; and of them only three recovered, and one of these only at the end of twenty months, during which time dead bone was constantly exfoliating."

On the Treatment of Rheumatic Fever. By J. BIRKBECK NEVINS, M. D.

Dr. Nevins, in reference to a growing tendency to consider that it is a matter of indifference whether anything at all is done in

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rheumatic fever, except to keep the patient quiet in bed, and supply moderate nourishment, submits a plan of treatment which he has long practised, and which it appears to him has led to the following results:—1. Speedy relief of the patient's most urgent symptoms; 2. Diminution of the general duration of the case; and 3. Restoration of strength, with less tendency to heart-complications or relapses than usual.

The remedies to which he attaches importance are:—

1. The vapor-bath, and subsequent cold douche; and
2. The combined use of quinine and iodine.

In a case related, the bath was given in bed, for the patient could neither turn in bed nor move his limbs; "and," writes Dr. Nevins, "it will generally be necessary to give it in bed, in the first instance, in any case deserving the name of rheumatic fever; and it is so easily administered, that no difficulty can arise to prevent its employment in every case.

"Two large pieces of coarse flannel (common scouring cloths answer the purpose admirably)," he continues, "are to be soaked in common vinegar;* about a pint being necessary for each cloth. Two common bricks are then to be heated nearly red-hot, in the fire, folded up in these flannels, and placed on two plates. The patient being stripped, one plate is to be put a little distance from one knee, and the other a little distance from the opposite shoulder, and the patient is to be covered over with the bed-clothes. In a few minutes, he is surrounded by a most refreshing steam bath, which produces a warm, agreeable perspiration, that may be kept up for twenty minutes or longer, if the bricks retain their heat sufficiently.

"As soon as it is decided to remove them, the patient, still in bed, is to be very rapidly mopped all over with towels wrung out of cold water, then immediately wiped dry with dry towels, supplied with a warm shirt or flannel garment, and covered with a fresh dry sheet, &c., or with blankets alone, as may be most agreeable to him.

"The effects of this bath are a speedy relief of the acute pain, and frequently easy sleep for a time; an abatement of the offensive and distressing acid sweats; and a general state of greater comfort.

"The cold water application immedately on the removal of the hot vapor is very important; as it prevents the continuance of an enfeebling perspiration after the hot bath.

"The manner of removing the patient's bed garment is a point

* For many years I soaked the flannels in simple water; but the vinegar is so much more fragrant and agreeable to the patient, that I have always used it for the last few years.

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of importance in cases of such painful helplessness as rheumatic fever; and it is accomplished without pain to the patient or difficulty to the nurse, by an extremely simple contrivance. The clothes must be torn down the back from top to bottom; and when this is done they can be removed and replaced as easily as a child's pinafore, without even lifting a limb of the patient or disturbing him in bed. By this means, fresh, clean, dry clothing can be applied without difficulty, once or twice a day, according to the amount of sweating; and the sufferer is relieved from the discomfort of his damp, offensive garments.

"This bath may be repeated twice a week; and during seventeen years that I have been in the habit of adopting it, I have scarcely ever had to use it a third time in bed; the patient, after the second bath, being almost invariably able to sit up and have the third in a chair.

"When he is able to sit up, a steam-bath can be given with great ease, by putting a bucket of boiling water under a chair, the seat of which is sufficiently protected to prevent the patient from being scalded whilst he is sitting upon it surrounded by blankets; and, by putting a red-hot brick into the water, in the course of ten minutes, the steam is kept up, as by this time it generally begins to abate from the original boiling water.

"A jug of cold water may be poured over the patient when the blankets are removed, or he may be wiped by cold wet towels, as is most agreeable to his own fears or feelings, and he must then be clothed and sit up for a few hours.

"The second part of the treatment upon which stress is laid, is the combination of moderate—*i. e.*, two-grain doses of quinine, with five-grain doses of iodide of potassium from the first. The theoretical grounds on which quinine was first proposed have been already mentioned; and the general experience of the profession will suggest the explanation of the probable benefit to be looked for from the addition of the iodine."—[*Br. Med. Journal.*

Illustrations of Mental Disorder in Puerperal Women. By H. P. Ayres, M. D., Fort Wayne, Ind.

Mrs. B., aged 34, a woman of fine intellect and the mother of six children, supposed herself to be four or five months advanced in pregnancy, and requested my attendance.

Judging from the history of the case, and from her general appearance, I expressed my doubt as to the existence of pregnancy.

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At about the time when parturition might be expected, according to her calculation, I was sent for in great haste, and found upon arrival all the paraphernalia proper to such an occasion, in the most complete order. The lady had taken her bed, and was suffering from severe, regular pains, at the same time manifesting much anxiety as to the result of the labor. Neither careful examination, *per vaginam*, nor abdominal palpation, indicated the presence of a fœtus. I communicated to her the result of my examination; but she would not be convinced of the truth of my assertion, and persisted in her useless labor. After the administration of a full dose of morphia, the pains ceased and she passed a comfortable night. On the following morning I found her sitting up, quite well, but exceedingly mortified at the proceedings of the previous night.

Notwithstanding this lady had passed through five confinements, and consequently was acquainted with all the peculiarities of gestation, and had been assured that she was not pregnant, yet she imagined she had all the phenomena of her former pregnancies; she had noted the time of her supposed conception and its progress; the enlargement of the abdomen—there was a slight enlargement; had made all necessary preparations for approaching parturition; and so fixed in her mind was the illusion, that it did not vanish until she had completed the mockery of a confinement.

Mrs. L. is a lady of excellent moral character, and of, perhaps, more than ordinary intelligence, of sanguine-nervous temperament; she is erect—taller than the majority of women, and finely developed in every respect. She is the mother of seven children. Her confinements were usually short, and the convalescence therefrom rapid and perfect. Nothing of an unpleasant character had ever existed between her husband and herself.

Six weeks after the birth of the seventh child she sent for me, and confidentially informed me, that her husband was unfaithful to her, and that he clandestinely met a young lady, naming her, for an improper purpose. Feeling satisfied that neither party mentioned was guilty of the charge made, I attributed the fears of the lady to some mental aberration. At length, she imagined the young lady visited her house at a particular hour during the night. At midnight, or just before one o'clock, she would awaken with an oppressive sense of suffocation, which she supposed to be the effect of chloroform administered to her by the recreant parties. Upon awaking, she would arise and make a thorough search through the house, after which, finding her husband in bed, she would torture

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him with upbraidings for his infidelity. She advised the mother of the young lady to observe the conduct of her daughter, but as the parties were not acquainted, the subject was treated with silence. The husband became so annoyed at the conduct of his wife that he determined to abandon her, notwithstanding he was assured her mind was diseased, and that she would ultimately recover.

Venesection produced a temporary relief, a weakening of the patient, and then a recurrence of the aberration in increased intensity. Tonics and opiates lessened the severity, but increased the continuance of the paroxysms. Antispasmodics were more effectual in regulating the mind, and were doubtless the proper remedies in this case. The child was weaned, and the lady recovered in three weeks. She has been confined twice since: the first time manifesting some return of her former trouble, but this was controlled by the use of antispasmodics; the second, no return of the difficulty.

The prominent features of this case are:

1st. The marked periodicity of the attacks.

2nd. The general health of the lady, and the continuous flow of milk.

3d. The subsequent return of the difficulty, and the remedies used; and further, the fact that ever since the first attack, a period of seven years, she has been awakened a few minutes before one o'clock, in the night preceding the appearance of her courses, with the same sense of suffocation that attended her awakenings during the period of her insanity.

The case suggests the question: does not the flow of milk always continue in puerperal mania, when lactation is the exciting cause? I think it does. Yet, the irritation of nursing may induce a state of disease and the milk cease to flow; but, in such cases, the primary cause of disease ceases, and mania may arise from a secondary cause, or from the debility superinduced by lactation. I am persuaded, from cases which have come under my observation, that the period of lactation may be greatly lengthened by the judicious us of anti-spasmodic remedies, either alone, or in combination with opium.

Mrs. K., æt. 19, of slender frame; medium stature; dark hair and eyes; of very reserved and modest demeanor, and a kind mother.

Soon after the birth of her second child, she imagined that her

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husband was unfaithful to her; and determined upon destruction of herself and children. It was necessary to keep constant watch over her to prevent her from accomplishing her purpose. In the early part of her sickness she was gentle and submissive; in the latter part resisting and disobedient. Soon after the first manifestation of disease, there was a cessation of the lacteal secretion; she became anæmic, and to some extent emaciated; the tongue was coated; pulse quick; but there was no considerable loss of physical strength. Under the use of proper remedies the tongue cleaned, but there was no abatement of the mental disturbance. This case was controlled by the administration of Dover's powder, quinine, cit. of iron and quinine, ext. hyoscyamus, fl. ext. valerian, changed according to circumstances. These remedies, with wine and nourishing diet, constituted the treatment and the patient was fully restored to health after two months. She has since passed through a period of nursing without any return of the difficulty.

Mrs. H., æt. 23, short in stature, well formed, accustomed to an active life, was nursing her second child when her mind became disordered. A member of her family had shown some signs of insanity, but from what cause, or for how long a time, was not known. While nursing her first child, Mrs. H. had experienced some slight mental derangement. Mania did not occur in the second nursing until after two or three months from the birth of the child, when an abscess commenced forming in the left mammary gland.

The abscess was lanced without pain or excitement being manifested by the patient, but on the day after the lancing, she imagined her husband intended to murder her children and herself, and would admit only one or two of her friends into the room in which she had confined herself. She had paroxysms of violent raving, which were not regularly periodic. Sometimes the intervals between the attacks would be of two or three days' duration; but they gradually lessened until paroxysms were of daily occurrence, occasionally continuing for five or six hours. During the intervals she was docile, and sane on all subjects excepting the one abovementioned. She was sent to an asylum for the insane, where she remained two years, and was finally discharged as incurable. In this case there was no excess of milk; no disease of the alimentary canal or of the liver; no emaciation or anæmia.

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Did the mammary abscess develop a latent hereditary insanity which neither confinement nor lactation could awaken? Cases of mental derangement occurring during lactation are generally attributed to an over, or defective, secretion of milk. I know of no case attributable to such a cause. I have known women to nurse their children for two, or even three years, and suffer no inconvenience therefrom. I have known others with an equal external appearance of health, in which mania appeared after a short period of nursing.

The question occurs, is lactation as frequently the cause of mania as is generally supposed, and do we not often resort to weaning when nursing in itself, has no connection with the state of the mind?

Inunction in Scarlet Fever. By THEOPHILUS PARVIN, M. D.

Inunction of the entire surface, in case of scarlet fever, should be regarded as one of the most valuable therapeutical means in the treatment of this malady. And yet we doubt whether it is so generally resorted to as we think it should be, by the great mass of the profession. This doubt will justify our making a few remarks in regard to this treatment.

Dr. West—*Diseases of Children*; Fourth American edition, Philadelphia, 1866—speaks of it most highly, believing that its use considerably lessens the desquamation, and diminishes the risk of albuminous urine, should it occur, assuming a serious character. For the purpose of inunction, he advises suet, and directs the application to be made twice a day during the development of the rash, and once a day during its decline. And we have observed this practice invariably pursued in the hospital for sick children, London, with which Dr. West is connected.

Mr. Gee,—*Reynold's System of Medicine;* article Scarlet Fever—speaks of greasing the skin once or twice a day, or oftener, bringing comfort to the patient.

Scoutteten regards inunction as a valuable prophylactic against some of the *sequelæ* of both measles and of scarlet fever. He advises either oil of sweet almonds, or olive oil, first slightly warmed by means of a water-bath, to be applied by means of a small piece of flannel, with gentle friction, over the entire surface except the

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face and feet. In the morning the patient should take a warm bath, and then, when well dried, the inunction should be repeated. "These two frictions and a single bath are often sufficient to remove all danger. Nevertheless, when the measles, and especially the scarlatina, may have been very severe, when the dead epidermis is not completely detached, when the skin remains dry and covered with bran-like scales, resort again to the oil and bath, until the suppleness of the skin is restored."

As to the kind of fatty substance or fixed oil, that is used, we do not think it material. We have used suet, olive oil, linseed oil, and even castor oil, and the beneficial results were equal, though probably one of the oils recommended by Scoutetten would be the least unpleasant; but certainly we would not counsel the bacon-rind, as advised by Schneemann, in the extract which we shall give, in a few minutes, from Hebra's recent work—while still less would we approve of the *philochthonia* and *hydrophobia* indicated in the sentence: "The linen is not to be too often changed, and no water is to be allowed to touch the skin."

The directions given by Dr. West as to frequency of repetition of annointing, and as to bathing, furnish the best rules to be followed.

Now, how does inunction do good? That it does it can scarcely be doubted, after the testimony adduced; certainly will not be, so far as the comfort of the patient is concerned, by any practitioner who will have his next scarlatinal patient, when wakeful and restless with the heat and itching of the skin—burning and itching which the warm bath, or tepid sponging, can relieve but only temporarily—carefully anointed with warm olive oil, for the transition from restlessness and discomfort to comparative ease and quietness, will be an unequivocal and conclusive proof that we can thus render such patients much more comfortable; and in self-limited diseases, simply accomplishing this end is no little matter. But the promotion of this end is not all that inunction accomplishes. Years ago, when bacon-rind, almost exclusively, was used thus, one of our medical friends in Indianopolis, explained the beneficial results by the sedative influence upon the skin, of the creosote in the rind. But the fact that any of the other fats, and that fixed oils answer just as well, completely destroys the hypothesis. We have in scarlet fever, increased determination of the blood to the surface, and increased skin-life, with greatly increased production of effete matter, in the shape of epidermic scales, etc. May not

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these, accumulated and hardened upon the surface, be themselves a source of great irritation, exciting cutaneous *hyperæsthesia*, and obstructing cutaneous elimination? The oil softens this external layer, the bath removes it in part, and hence the integrity of the skin-functions is maintained, and thus, in part, the scarlatinal poison eliminated, without the kidneys becoming so seriously implicated, as they frequently are in this disease.

Certainly this supposition corresponds with the statement which we have quoted from Dr. West, in reference to the lessened desquamation, and the diminished liability to serious renal diseases which he has observed in those patients in whose treatment inunction has constituted an essential part—an observation which we believe will be confirmed by every practitioner who will follow the same practice and in the same way.

Having said thus much in favor of inunction, we present the following extract from Hebra's recent work, Sydenham Society's translation:

"The method recently proposed by Schneemann, of curing scarlatina by rubbing the surface of the body with bacon, is allied to the plan recommended by Dehne in 1810, of anointing the skin with oil. Each of these authors was led to suggest the practice of inunction by the idea that in scarlatina the principal danger to the patient arises from the functions of the skin being interfered with by the disease in the same way as they are by extensive burns. It was supposed that rubbing oily or fatty substances into the cutaneous surface, would preserve the integrity of the diseased organ, and prevent the occurrence of any secondary affection due to disturbance of the skin's action.

"The directions for the carrying out of this method are as follows: A piece of bacon, as big as the palm of the hand, and with the rind still attached, so as to make it easier to hold, is to be taken, and several cuts are to be made on its under surface. It is then to be vigorously rubbed over the whole of the patient's body, with the exception of the face and head, the application being commenced from the very first day of the disease, and repeated at least twice daily, in the morning and evening. The linen is not to be too often changed, and no water is to be allowed to touch the skin. The patient is to be kept in a moderately cool atmosphere, at a temperature of 61° Fahr. He is to remain in bed as short a time as possible, and to be limited to a sick diet only during the presence of fever,

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being allowed to go into the open air by the tenth day, reckoned from the beginning of the disease.

"The inunctions are, however, to be continued for full three weeks without interruption, after which the use of warm baths is recommended.

"It was Schneemann's opinion that by this procedure the disease is made to terminate with the disappearance of the rash, and that no desquamation occurs.

"Although this mode of treatment has already undergone sentence of oblivion, and there have been very few who, like Mauthner and Illisch, have carried it into practice, yet I may, in this place, report the results of my own trials of it. I have carefully followed Schneemann's directions in the treatment of twenty children affected with scarlatina, but I regret to say that I have not seen those good effects which his laudatory statements had led me to expect. The procedure in question certainly did not prevent the appearance of complications, for in two of these patients, *angina gangrenosa* set in; in one, diphtheritis; in two, pneumonia; and in two, dropsy. Nor did I find that this method checked the spreading of the disease by contagion, nor that it prevented the occurrence of desquamation. On the other hand, it is not to be denied that in some cases this treatment relieved the troublesome itching and burning sensations complained of by the patient, and that it removed the dryness and heat of the skin, and made it disposed to perspire. In fact, the benefit derived from rubbing the patient's skin with bacon is very similar to that of ablution with cold water."

Hebra, as our readers are aware, is probably the first of living dermatologists, and therefore his words should have great weight. But we beg our readers to observe the last sentence but one, of the extract, in which he admits some benefit from the application; but we are especially anxious that they should note the special plan, that of Schneemann, which was pursued, and while they may be quite willing to consign such plan, so regardless of cleanliness, and almost of decency, "to oblivion," they will hadly give the same verdict as to the plan presented by Dr. West, for example.

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Treatment of Diseases of the Skin. From "Hebra on Skin Diseases," Vol. I. Sydenham Society's Translation. London: 1866.

Although in the course of the last few years great attention has, on all sides, been devoted to this department of medicine, we have unhappily made as yet but little progress toward the wished-for end, the cure of all cutaneous diseases. The cause of this lies, no doubt, partly in the fact that it has been only quite recently, and during a time very short for making exact investigations, that therapeutical experiments have been carried on in a rational spirit, and without bias. For before one can speak of the action of a remedy, in the treatment of any skin affection, two things must be ascertained; the course taken by the disease when left to itself, and the effects which are produced by the remedy when applied to the healthy skin. Our want of success depends also, in part, on our defective knowledge of the dermatoses, and on the small extent to which the pathological chemistry of cutaneous diseases has been cultivated. It seems to us that a very promising field for investigation is afforded by dermatology, to those who are interested in this new branch of science. Unfavorable circumstances have, however, as yet prevented us from exploring it ourselves; and this task must, therefore, be postponed to a future opportunity, or left to other observers.

In the imperfection, or rather, in the complete absence of any rational basis for our therapeutical procedures in the treatment of skin affections, no expedient remains but pure empirism. For the slight success which we have hitherto obtained, we are indebted entirely to the strictly practical course which we have pursued in this respect. We have tried methods of the most varied description, whether they were recommended by medical men, or by unprofessional persons; and we have some belonging to the former category, less effectual than they were represented to be; while popular remedies, on the other hand, have done us good service.

Before passing on to enumerate the different remedial agents, we shall be permitted to allude to a few deeply-rooted prejudices, which interfere even now, to some extent, and interfered still more formerly, with the employment in practice of certain methods of treatment.

The first of these prejudices, which we must combat, is the dread with which local applications were regarded.

Some years ago we drew attention to the fact that it is quite a

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mistake to suppose that the action of remedies applied to the diseased, or healthy skin, is necessarily merely topical, and not general. For we need but to call to mind the contagia of small-pox, syphilis, hydrophobia, and the poisons of serpents, and of the dissecting-room, which are generally introduced through the skin, to prove that it is an organ which absorbs very readily many forms of virus; and that it is equally adapted to absorb medicinal agents also, and to admit them into the circulation, even while the epidermis is intact, can be easily shown during the external use of tinc. of iodine, or of the mercurial preparations.

Now, what can be demonstrated in the case of certain remedies by chemical reactions, ought surely not to be denied *a priori*, in regard to others; and, therefore, we maintain the exact contrary of the principle we have alluded to, and assert that, with the exception of caustics, all remedies which are brought into prolonged contact with the skin, are absorbed by it, and taken up into the fluids of the body.

Hence, we have no fear, in applying topical remedies, of driving in cutaneous diseases, or of producing any other ill effects, for which the practitioners of the old school had various expressions. Our apprehension is rather of a too violent action upon the organism in general, especially in the case of these drugs which are liable to produce derangements of the vegetative processes. Nor have we any dread of curing skin affections too quickly; on the contrary, it is the object of our warmest endeavors, to find means of terminating these diseases as speedily as possible. Were we only in the possession of remedies which produced cures thus rapidly, we should have no anxiety with regard to the appearance from this cause of metastases, or of any other consecutive diseases.

There is another point also, in which we are opposed to our predecessors, and to many of our contemporaries, and that is with reference to the necessity for using, in the cure of chronic skin affections, remedies which are supposed to be *purifiers* of the blood (*hæmato cathartica*).

We have never seen the effects which are ascribed to them by some authors, produced either by the long-continued administration of laxatives and drastics, nor by decoctions of woods, nor by vegetable juices. Again, the internal use of antimonials, baryta graphite, anthrococali, or sulphur; or again, of cantharides, mezereum, viola tricolor, dulcamara, root Laffecteur, or sirop de Larrey,*

* Sirop de Larrey is a preparation composed of elder berries, quiac, China root, sassafras, senna leaves, borage, etc.

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has been invariably unattended with the hoped for success, and therefore we cannot recommend to any one the employment of these agents. On the other hand, arsenic has proved in our hands a useful internal remedy, though we cannot praise it to the same extent as do Hunt and Romberg; and we have also seen good effects produced by the preparations of mercury, of iodine, and of iron, by the oleum morrhuæ, by the bitters, and the vegetable and mineral acids; and, lastly, by all those remedies which are indicated in particular cases by the presence of dyscrasiæ, and which would be prescribed equally, although the general affection were running its course unattended by any local disease of the skin.

Externally we make use of simple baths, warm or cold, as required, and of douche baths, and vapor baths; or we add to these baths sulphur, potash, soap, common salt, or corrosive sublimate. Their temperature should be from 66°—100° F. (15°—30° R.); and their duration may vary from several days to a few minutes. Again, we often employ emollient frictions with success, rubbing the whole skin, or certain parts of it, with oily or fatty substances. (such as the ol. Amygdalæ, ol. lini, ol. oliviæ, or ol. jecoris aselli, or lard, suet, glycerine, or spermaceti). In other cases we add to these fatty matters, various active substances, such as the preparations of mercury, zinc, lead copper, iodine, arsenic, sulphur, etc., which remedies, so far as their solubility permits, may also be used in watery or alcoholic solutions. Our sheet anchor, which we invariably employ when we wish to effect either the rapid separation of the horny layer of the epidermis, or the removal of exudations infiltrating the cutis, or poured out beneath the cuticle, is always the soft or potash-soap. This we apply either alone, as in prurigo, eczema, psoriasis, ichthyosis, pityriasis, herpes tonsurans, favus, lupus, etc.; or we blend with it other medicinal agents, such as, for example, sulphur in cases of scabies, tar in cases of eczema, etc. Moreover, an important part of our therapeutical resources consists in the empyreumatic oils, which result from the dry distillation of certain kinds of wood. Thus we make use of the tar which comes from the beach (oleum empyreumat. fagi), of the ol. cadinum, which is derived from the juniperus oxycedrus, and of the oleum rusci, which is obtained by distillation from the wood of the birch (betula alba), and which possesses the smell of Russia leather. The action of these is nearly identical; they differ only in their consistence and in their smell.

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For the removal from the skin of exudations, new growths, tumors and the like, caustics are employed. Passing over the actual cautery, of which, as of the knife, the application belongs to the domain of surgery, we will here concern ourselves only with the corrosives and escharotics, of which we shall refer particularly to those whose action we have ourselves thoroughly tested.

The concentrated mineral acids, namely the strong sulphuric, nitric and hydrochloric acids, can be applied in comparatively few cases. Not only is their action inconstant, and therefore unreliable; but better effects are produced by other caustics. Moreover, the disfiguring scars which follow the use of these acids often frustrate the purpose for which they were employed. The same may be said of butter of antimony, of chloride of zinc, and of other similar preparations. There are but few cases in which we use these substances, applying, for example, sulphuric acid in the removal of horny growths, and hydrochloric or nitric acid to destroy old exudations which have become organized. For experience has made us acquainted with better caustics, of which the effects can be more easily regulated, and which are followed merely by thin and smooth cicatrices. Among these we place in the foremost rank the nitrate of silver, which we use either as a solid, or in a concentrated solution (argent. nitrat aquæ distillatæ, partes æquales). To this substance we attach great value, because every kind of new growth can be destroyed by it, without causing any further injury to the patient, and because any one, however unpracticed, can apply it, without having any special experience in its use.

Next to this substance is the caustic potassa of the surgeons; this may be employed either in the form of sticks, or dissolved in two parts of water; but it demands more care in its application than the nitrate of silver; and it also causes a more extensive loss of substance, the limits of which can not be so accurately predetermined. Moreover its use is often followed by thick and raised cicatrices.

Similar effects are also produced by the Vienna paste, consisting of equal parts of caustic potash and quicklime, made into a paste with alcohol, at the time of its application, and left for ten or fifteen minutes in contact with the portion of skin which is to be destroyed. By the chloride of zinc paste of Canquoin (take of chloride of zinc, one part, of flour, four parts, of water, q. s.), the same result is obtained only after the lapse of four hours.

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And a longer time still (twenty-four hours or more), is required for the action of the paste recommended by Landolfi, (consisting of chloride of bromine, two drachms, of chloride of antimony, and chloride of zinc, of each, a drachm and a half, besides chloride of gold *ad libitum*) of which the effects are, however, more severe. All these pastes char the organic tissues with which they are brought in contact; and they differ only in respect of the intensity of their action.

We may also attain similar results, though only after repeated applications, by using a powder containing five grains of white arsenic, and fifteen grains of artificial cinnabar, mixed with two drachms of sugar, or with the same quantity of the unguentum rosatum, as may be most convenient.

Again, the solution and paste of Pleuck, consisting of corrosive sublimate, camphor, carbonate of lead, alum, sp'ts. of wine, and vinegar in equal proportions, has been employed with success in the treatment of various growths, especially those of syphilitic origin.

Sulphate of copper, alum, pulvis sabinæ frondum, corrosive sublimate, calomel, etc., are also well-known irritants, which either alone or in conjunction with other substances, may be used with advantage for the purposes of destroying, slowly, growths of various kinds.

Lastly, besides these active remedies, which are used externally or internally in different skin affections, others, which are indifferent and inert, are also frequently prescribed, in those diseases whose course we can not modify, and in which, therefore, the expectant method is attended with the best results. Thus, whether this or that remedy be used, is a matter of indifference, in the contagious exanthemata, as well as in all inflammatory affections of the skin which run an acute course, such as erythema, roseola, urticaria, erysipelas, herpes, miliaria, pemphigus acutus, etc. That mode of treatment which disturbs the patient least, is, in these diseases, always the best.

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Hysteria; Remote Causes of Disease in General; Treatment of Disease by Tonic Agency; Local or Surgical Forms of Hysteria, etc. Six Lectures delivered to the Students of St. Bartholomew's Hospital, 1866. By F. C. SKEY, F. R. S. London: Longmans.

The London *Times*, February 5, notices the above volume as follows:

"Mr. Skey has published some very able lectures which he delivered at St. Bartholomew's Hospital last year on hysteria. We must leave it to medical men to pronounce upon his treatment of that particular disease; but he has introduced what he has to say of hysteria by two lectures on the treatment of disease in general, and it is within our province to remark upon these. There is an old saying that every man at forty is his own physician if he is not a fool, and there is, at least, so much truth in the proverb that we have all at that age attained to some general notions of what is right and wrong in medicine, and are not content to leave the discussion of medical questions wholly to medical men.

"Now, Mr. Skey's lectures are worth notice, because they are a protest by a distinguished and perfectly orthodox surgeon against the prevailing methods of cure. He is not alone in objecting strenuously to that cathartic system of medicine which seems to regard the liver as the most pestilent member of the human frame, needing constantly to be assisted by blue pills and black draughts. But few medical men have insisted so long and so perseveringly on the worthlessness of drugs as compared with food as a means of cure; for the tonics which Mr. Skey so strongly recommends are curative rather as a food than as medicine. They supply a want in the bodily system, just as wine supplies it; and, in fact, wine is the chief of the tonics which Mr. Skey recommends. 'I consider wine,' he says 'indispensable to the tonic treatment of disease.' And he tells how, in the course of the last forty years, the prescribing of wine to patients has increased in the London hospitals. In the year 1848, the treasurer of St. Bartholomew's, referring to the quantity of wine which Mr. Skey ordered for his patients, observed that the hospital could not warrant the expense. The consump-

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tion of wine was then only three pipes a year. Mr Skey replied to the treasurer that he could not treat hospital cases without wine, and that for the credit of the hospital he would do his best to raise the consumption of port wine from three pipes a year to thirteen. And this was the amount consumed by St. Bartholomew's in 1860. A similar change in the treatment prevails, more or less, in every hospital in London; but our author complains that, although the employment of stimulants and tonics, instead of depletive agents, has become so prominent a feature in modern practice, it does not appear to have exercised much influence on the theory of disease as taught in the schools, nor on the practice of the profession among the community.

"The theory on which Mr. Skey proceeds is this. If we inquire into the recent history of any one suffering from illness, whatever form it may assume, we shall hear of something tending to reduce the vital powers of the body, and to cause exhaustion of some sort. There is always a loss—it may be of blood, or of food, or of heat, or of sleep; and the method of cure must consist in making up for the loss. 'I consider the treatment of the great majority of diseases,' says Mr. Skey, 'to consist in increasing the quantity of healthy blood and giving force to the action of the heart. *You can't*,' he continues, and the italics are his own, '*You can't cure disease with a feeble pulse.* Mend the pulse, and nature will do the rest of the work.' He accordingly brings forward a number of examples to show how disease is produced by exhaustion, and is thrown off when the animal economy is properly supported. We can not follow him in these illustrations, but we bring forward one. He states that the late Mr. Jones, of Jersey, was a remarkably successful operator, and in operations for the excision of joints considered to be diseased, succeeded, in a series of twenty-five cases, without the loss of a single case, at a time when in England the mortality among the patients undergoing similar operations was very great, recovery being rather the exception than the rule. What was the secret of this? On making the inquiry it was discovered that Mr. Jones invariably gave every patient on whom he operated at least a pint of port wine on each of the two days following the operation, and he acknowledged that he learned the treatment which had been attended with such remarkable results from his observation of the success which had attended Mr. Skey's treatment of cases in St. Bartholomew's Hospital. This is but one

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of the many illustrations which Mr. Skey puts forward, and we hope it is suggestive enough to induce our readers to consult his volume for themselves. If they do, they will find in it some useful hints and much common sense."

In reference to the above we wish to say a few words.

In the first place we object to the rendering of the adage, a man is either a physician or a fool at forty, a form which we prefer to every man is *his* own physician, etc. Certainly we have understood the adage to apply exclusively to the medical fraternity. In the earlier period of professional life, we are disposed to exaggerate theoretical knowledge; in the latter to give undue importance to our individual experience. Sir Everard Home (*On Tumors*) has remarked, "in youth we only publish our professional acquirements—in age we can lay before the public the result of our own professional experience."

But between the two extreme periods of professional life, there lies a sort of table-land, upon which we may be permitted to walk with the light of theoretical and of practical knowledge blending together, trusting to neither alone, but relying upon both to guide us in an otherwise dim and uncertain path. Happy is he who early attains that table-land, and who keeps himself upon it during all his professional career! And if he does not attain it by the time he is forty years of age, he can not be a physician, but he is a fool—hopelessly a fool. But let this difference of interpretation pass.

The *London Lancet* of February 9, in the course of a brief reference to this article in the *London Times*, says that the two ideas which the lay-readers are likely to derive from its perusal are:

"1st. That Mr. Skey is in antagonism to the large majority of his professional brethren in his views of the nature and treatment of disease; and, 2d, that Mr. Skey looks upon wine as a panacea for every disorder."

While we are quite willing to concede that the stimulant plan of treating disease, now getting so much in vogue, may be less mischievous than the spoliative plan once so universal, yet we are not prepared to say that it is not at times productive of serious mischief. The judicious management of stimulants is, as the *Lancet* so justly observes, difficult enough for the accomplished and observant physician. To make disease debility, and this debility to be combated by stimulants, is to irrationally simplify pathology and therapeutics. The fact is, that the office of alcohol in the econ-

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omy is not yet fully settled by physiologists. D'Allemand, Perrin, and Duroy, have thought in opposition to a former creed, that it is not a respiratory food, that it acts simply as a local excitant of the tissues—as alcohol it comes into the system, and as alcohol it goes out. On the other hand it is alleged by others, that only a small quantity of alcohol ingested is eliminated; but that it is in a great measure broken up in the economy of the final products, being carbonic acid and water; and in this destructive process temporarily some heat is produced. This physiological influence explains the greater consumption of alcohol in winter than in summer, and greater, other things being equal, among nations, as we advance towards the north.—*Bouchardat.*

But this should be borne in mind, that alcohol does not, or if it does, but in a slight degree compared with nutritious food, increase absolute force; it may evoke it: it is an excitant of the nervous system, transitory in its effects, and followed by corresponding depression. T. P.

Orthopedics; a Systematic Treatise upon the Prevention and Correction of Deformities. By DAVID PRINCE, M. D., of Jacksonville, Ill. 8vo., pp. 240. Lindsay & Blakiston, Philadelphia: Robert Clarke & Co., Cincinnati.

The above most excellent volume, which the publishers have issued in very neat style, has been prepared with special reference to the wants of physicians engaged in general practice. Dr. Prince truly remarks, that outside of the large cities, the majority of patients needing attention, on account of deformities, or diseases, or accidents that lead to them, must find relief at the hands of the profession in their near vicinity, or not find it at all. He adds,

"The proportion of the wealthy, who can be sent a considerable distance to specialists, is so small, in relation to the whole, as to make very little diminution of the number that must be treated at home. This renders it important that there should be a general prevalence in the profession of a knowledge of prevention and treatment, to bring the means of relief within the pecuniary resources of the majority of sufferers. In order to render the advance in knowledge on this subject, gained within the last twenty years, accessible to the mass of the profession, it is necessary that the substance of many valuable essays and monographs should be sifteds

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and collected into a few pages, within the means of all to purchase it; and within the time of all to read it. To these ends an attempt has been made to connect the medical treatment with the mechanical, in order to give the work its nearest practical approach to completeness compatible with the necessary brevity."

A work of this kind has long been needed by the general practitioner, and, in our opinion, Dr. Prince has produced the best digest on Orthopedic Surgery to be found in the English language. We hope soon to be able to notice more in detail some of the practical points discussed in this most admirable volume. G. C. B.

Elements of Medical Chemistry. By B. HOWARD RAND, M. D., Professor of Chemistry in Jefferson Medical College. 12mo., pp. 399. Philadelphia: T. Ellwood Zell & Co.; Cincinnati: Robert Clarke & Co.

The author announces in the first paragraph of his preface that "This work is intended, chiefly, for the use of students of medicine, during their attendance upon lectures; it is believed that it will also be found of service to the practitioner."

The principal merit of this book is found in, probably, a successful accomplishment of the object for which it was "chiefly intended." The two objects referred to in the above quotation are somewhat incompatible, unless more space be devoted to their attainment than is comprised in this book. He has at least noted many "general principles, and their application to medicine;" but the modes and details of application have, necessarily, been omitted. Gravitation, Light. Heat, Magnetism, Statical Electricity, Dynamical Electricity, Magneto-Thermo and Animal Electricity, Cohesion, Adhesion, Chemical Affinity, Decomposition, are the topics; the "general principles" of which are carefully and intelligently epitomized. The Part III, includes the more practical part of the "Chemistry of the Elements;" and Part IV, Organic Chemistry. We give a specimen of the author's method of handling his subjects, selecting Iodine as an illustration. It is treated under the various headings of 1st, Natural Sources; 2nd, Properties; 3rd, General Chemical Relations; 4th, Impurities; 5th, Medical Effects; 6th, Officinal Forms. It will be seen that this plan is a comprehensive and practical one, and has been so developed as to answer the author's chief intention, we think, very well. W. C.

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Fecundity, Fertility, Sterility, and Allied Topics. By J. MATTHEWS DUNCAN, A. M., M. D., etc. A. & C. Black, Edinburgh, 1866: Robert Clarke & Co., Cincinnati, O.

This handsome volume—a model of clear type, excellent paper. etc.—is, in its valuable contents, worthy a city so long famous for its philosophy and learning as is the Athens of the North. Edinburgh! what famous historic names in Philosophy and in Medicine, does its utterance suggest! Stewart, Reid and Hamilton, and then Cullen, and Gregory, not to mention others, are names that can not soon be forgotten. The very atmosphere of this city is that of science, philosophy and literature; and whether the men of this generation there residing, are doing as much as those of the last, or any previous generation, in the search for truth, and in the establishment of important principles, in the increase of human knowledge, and in the diminution of human suffering, we will not stop to inquire; only saying that while Edinburgh is not as prolific of books as some other cities, yet those that are there published, making any pretensions to scientific character, are not ephemeral—they are substantial, permanent.

Here we have a volume of between three and four hundred pages, written by a physician and for physicians, though of great value likewise to the sociologist, and political economist, and not a single disease described, not a single principle of therapuetics discussed! It is simply an investigation of laws, that Dr. Duncan attempts: from otherwise dreary and useless statistics, he deduces important truths. Whence the inspiration to this laborious work? In medicine itself; which, having yet no immutable and fundamental truths whereon to build, grows only by the slow process of induction. Or, if we would seek some other special and immediate cause, we would find it in that fragment of philosophic history—fragment because its gifted author so early passed away from earth, not a tithe of his ambitious designs accomplished—by Henry Thomas Buckle. Those who have read his History of Civilization will remember what prominence is given to the laws of nature, and the demonstrations which he brings from statistics, of the uniformity of sequence in the prevalence of crime, in given periods, and uniformity, too, in simple aberrations of memory, as in dropping undirected letters into the post-office, making "the regularity of events at once the key and basis of history." In a spirit somewhat similar, Dr. Duncan has investigated the statis-

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tics relating to the special topics of which he here treats, and has proved subject to law, some phenomena, of which such subjection would not, possibly, have been anticipated.

Felix qui potuit rerum cognoscere animo.

We wish our space permitted a complete analysis of the book. It does not, and therefore we must be content with presenting a fragment, taken here and there—of course too, we must omit all the statistics and reasoning, and deal only with conclusions.

The climax of fertility in women is reached at thirty years, and then steadily declines: at least three-fifths of the population are recruited from women not exceeding thirty years.

In reference to the fecundity of women at different ages, among Dr. Duncan's conclusions are the following:

1. That the initial fecundity of women gradually moves to a climax, and then gradually wanes.

2. That initial fecundity is very high from twenty to thirty-four years of age.

3. That the climax of initial fecundity is probably about the age of twenty-five years.

The author has made some interesting investigations as to the *length* and *weight* of the newly-born child. Primogeniture has no influence upon the latter; it varies with the age of the mother, finding its climax when she is between twenty-five and twenty-nine. Precisely the same conclusions are established as to *length*.

In investigating some of the laws of the production of twins Dr. Duncan says: Among women the birth of twins occurs about once in eighty deliveries. Triplets, quadruplets, quintuplets, and even higher figures, are occasionally observed; they are very uncommon, and the rarity is progressive with the number. The normal or ordinary rule in women is to bear one child at a time; and the next most frequent condition is temporary or persistent sterility.

From the earliest child-bearing period, till the age of forty is reached, the fertility of mothers in twins gradually increases; there is an exception to this rule, viz: woman in her first pregnancy, is more likely to have twins than she is in the three pregnancies immediately succeeding.

Newly married women are more likely to have twins the older they are,—and numerous other conclusions are given, but we omit them, and proceed to the author's consideration as to the entire *Fertility of Marriages*.

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Taking the entire number of children born, there would be a fraction over four for each married woman. Dr. Duncan quotes Franklin as saying, "that the females in America have, one with another, eight children to a marriage;" and plainly expresses his disbelief in the assertion. We suspect Dr. Storer would tell a different story from Franklin's, in regard to "females in America."

But as all marriages are not fertile, ten is the average fertility of fertile marriages, lasting during the whole child-bearing period of life. But supposing marriage to occur at fifteen, and the women remain persistently fertile until forty-five, the average number of children will be fifteen.*

Wives who bear numerous progeny, do so by virtue of two differences from other women; they bear their children more rapidly, and they continue fertile longer.

Will women who marry late in life, continue child-bearers beyond the usual period? This was the teaching of Mason Good and Sadler, who so vigorously attacked the doctrines of Malthus, adopted it. But the immovable figures adduced by Dr. Duncan, utterly demolish it. After fully discussing the Fertility of Marriages, the author proceeds next to consider, in Part V., the *Laws of Sterility of Women*, under the following heads (as time does not permit us to do anything more at present than give a sort of table of contents of the rest of the volume):

"On some Laws of the Sterility of Women; Sterility of Marriages in the Population; Sterility of Wives; Absolute Sterility of Wives; Sterility According to the Ages of Wives; Expectation of Sterility; Relative Sterility; Expectation of Relative Sterility,

Part VI. "Note on Formula, representing the Fecundity and Fertility of Women; Fertility and Fecundity of the Mass of

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* Have our readers ever seen *Pædeirtrophie, or the Art of Nursing and Rearing Children*, written in Latin, 1584, by Scevole de St. Marthe, and dedicated to "His most Christian Majesty, Henry III," of France? One of the first translations, made early in the last century, was dedicated to the famous Dr. Garth; but that which we have was made by Dr. H. W. Tytler, London: 1797. The work contains many valuable and also some curious things; but that which we wished to call attention to now, was that Scevole had not given as much attention to the subject of fertility in women as Dr. Duncan has, for he expected her to produce a child annually, as the last two of the following lines indicate:

"But chief, th' eternal Father's aid implore
To rear that offspring, which he gave before,
Lest the young plant, of late so thriving found,
Should waste, like seed amidst unfertile ground;
That you may still a smiling infant bear,
To crown with pleasure ev'ry circling year."

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Wives; Fecundity and Fertility of the Average Individual; Relative Fertility of Different Races.

Part VII. "On the Mortality of Child-bed as affected by the Number of the Labor and the Age of the Mother; the Relation of the Number of the Labor to the Mortality from Puerperal Fever; The Relation of the Number of the Labor to the Mortality accompanying Parturition; The influence of Child-bed Mortality, and specially of the Mortality consequent on Primiparity, on the whole Mortality of Women at the Child-bearing Ages; The Relation of Age to the Mortality from Puerperal Fever; The Relation of the Age of the Mother to the Mortality accompanying Parturition.

Part VIII. "On the Age of Nubility.

Part IX. "The Doctrine of the Duration of Labor; The Duration of Labor in relation to the Mortality of the Mother in Parturition and Childbed.

Part X. "On the Duration of Pregnancy; The Interval between Insemination and Conception; The Interval between Insemination and Parturition; The interval between the Last Menstruation and Parturition; The Prediction of the Day of Confinement; Protraction of the Period of Pregnancy; Dr. Montgomery's Opinions; Harvey's Opinions; Appendix."

MISCELLANY.

Public Executions—Epilepsy. By Dr. J. F. Hibberd, of Richmond, Indiana.

Editors of the Journal—The January issue of the *Journal* contains a short article from Dr. J. C. Reeve, entitled "Public Executions—Epilepsy," the first part of which is taken up with a very proper condemnation of barbarous methods of taking the life of criminals under judicial condemnation, by the headsman in Germany and the hangman in our own country, and he closes a paragraph thus: "one object we have in view is to call attention to the desirability and necessity of throwing our influence, as a profession, in favor of a more humane mode of public execution, '*They manage these things better in France.*'"

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One would infer from this that Dr. R. is favorably disposed toward the guillotine, as an instrument for public executions, and certainly all humane persons would join him in its selection, if the instrument must be either it, the gallows, or the headsman's sword. But is there no other instrumentality which shall be as certain as the sword, the gallows, or the guillotine, and yet devoid of the sickening and demoralizing convulsive struggles and spouting blood of these? Can we not devise a method that shall compel the civilized world, while they declare that "they manage these things *better* in France," to say also that "they manage these things *best* in the United States?" Without doubt there is such instrumentality, to wit: chloroform. Its service is absolutely certain, and it will be at hand wherever a judicial execution may be ordered. With chloroform there will be no hacking of the victim's body by the uncertain stroke of the headsman's sword, and no double execution by the breaking of the hangman's rope. By its use all that is most revolting and degrading in public executions will be avoided, and yet nothing of the lesson that public executions are intended to teach will be lost, but, on the contrary, the good that may be derived from them (if any) will be increased tenfold.

One can not help thinking that the day for public executions is gone by; that a higher intelligence and Christian enlightenment should suppress them. If any person still supposes that the witnesses of a public execution are less likely to commit crime for having gazed upon such a spectacle, such person must be set down as having a very inadequate knowledge of human nature, and it is quite certain that diligent inquiry would convince him that these shocking exhibitions tend to precisely the opposite effect.

No matter, however, whether executions are public, or take place in the presence of the necessary judicial witnesses only, every thing conspires to teach that they should be done in the most humane and least revolting manner. As the nations have become more civilized they have ceased to bury criminals alive, ceased to throw them into the dens of wild beasts; to nail them to the cross; to burn them at the stake and break them on the rack; to tear them asunder by horses or machinery; and to torture them before they were beheaded or hung. Now, let us in this country proclaim a still higher civilization, by abandoning the present gross and debasing method of inflicting capital punishment on criminals condemned to death, and by substituting the refined and

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humane instrumentality of chloroform. And let us hope that the medical profession will realize the propriety of throwing their influence in favor of this best mode of carrying out all judicial death-warrants.

Dangers of "Chignons."

"We should be sorry to say anything that would unnecessarily disturb the peace of ladies in their compliance with the present remarkable fashion of wearing *chignons*. This custom may seem very irrational to the male half of mankind, but this objection would apply to many of the fashions by which ladies consider that they adorn themselves, and so must not count for much.

"A more serious objection, and one more calculated to have weight with English ladies, has been started, according to a correspondent of our own, by a Russian professor, M. Lindemann.

"According to this authority, seventy-five per cent. of the false hair used for *chignons*, and similar purposes, in Russia, is infested with a parasite to which he has given the name of Gregarine. The gregarinous hair, it is said, is very like other hair in appearance, but on close inspection little dark-brown knots are seen at the free end of the hair, and may even be distinguished by the naked eye. These are gregarines. These parasites have a most ignoble ancestry and habitation, being found in the interior of the *pediculus capitis*. It is only due to them, however, that these statements should be verified by other observers before we give all the particulars of their natural history. They are not easily destroyed. They resist the effects of drying, and even of boiling. Acids, alkalies, ether, and other agents would kill them; but these would be injurious to the hair, and so can not be used.

"According to the authority quoted, in the conditions of a ballroom, the gregarines 'revive, grow, and multiply, by dividing into many parts — so called germ-globules; these fly about the ballroom in millions, get inhaled, drop on refreshments—in fact, enter the interior of people by hundreds of ways, and thus reach their specific gregarian development.' We do not answer for the truth of all this natural history; but when the natural history of *chignons* themselves is considered, it may well be all true.

"In Russia the hair of them is supplied by the poorer people, especially peasant women of the Mordwines and the Burlakes, near

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the Volga, who do a large trade in it. 'When the Burlake goes out to work in the spring, he perhaps puts a clean shirt on, but he decidedly never takes it off until he returns home in autumn.'

"Verily, as the professor argues, here is a fine chance for parasites. We must leave the subject with ladies and naturalists. Half the awful possibilities of the fashion—which it does not require a microscopist to suggest—would deter men. We can not so certainly reckon upon affecting ladies in a matter of fashion. But of all false things, one of the most objectionable is false hair."—[*The Lancet*, London, February 16, 1867, p. 218.

Deeming the above somewhat startling announcement as being of importance in these days of *chignons*, or "waterfalls" as they are styled in this country, I have copied the article from the *Lancet*, and send it to you for publication, at the same time suggesting that it appear in the department of your Journal allotted to *Diseases of Women*.

The *Lancet* is mistaken. The "Russian professor" is not entitled to the credit of having discovered or of having named the Gregarine, for we find an account of that parasite in the Micrographic Dictionary, by Griffith and Henfrey, London, 1860, p. 323, which dates the discovery of this genus of Entozoa, by Dufour, as far back as 1837.

Surgical Maltreatment of General Lafayette.

Cases detailing the sufferings and diseases of remarkable men are particularly deserving of attention, for they possess the advantage of an interest derived from the patient's celebrity, that serves to fix the details more forcibly in the memory of the reader. Our friend, M. Jules Cloquet, the celebrated anatomist and surgeon, has lately published *Souvenirs sur la Vie privee du Generale Lafayette*, in which the following notice of the General's sufferings, from a fracture, occurs: "During his last illness, Lafayette related to us, more than once, the particulars of the treatment he underwent in 1803, for a fracture of the thigh, caused by falling from a hight. Deschamps and Boyer, whose memories I respect, and under whose care I was educated, were called in, and enclosed the limb in a machine constructed so as to maintain it in continual extension. Lafayette having promised his surgical friends that he would pa-

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tiently bear the pain and inconvenience necessarily attendant on the treatment, did not give utterance to a single complaint, and did not betray the least sign of being in pain, for the whole twenty days which elapsed before the apparatus was, for the first time, removed;—when it was removed, however, his surgical friends could not conceal their consternation—Deschamps turned pale, and Boyer appeared thunderstruck. The bandages of the upper portion of the apparatus had, by their pressure, cut deeply into the flesh, and exposed the femoral artery, while the skin of the dorsum of the foot was rendered gangrenous, by the inferior bandages, so as to lay bare the extensor tendons of the toes. More than five weeks were required to heal these wounds; and when the cure was completed, an almost complete anchylosis of the hip-joint had taken place, so that he was lamed for life."

We copy the above account of malpractice, by two masters in surgery, from the Dublin Journal of Medical Science, May, 1836, for which it was selected and translated, by the late Dr. Graves. B.

American Medical Association.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock A. M. The following Committees are expected to report:

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.

On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities, etc., Dr. Wilson Jewell, Pa., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N. Y., Chairman.

On Prize Essays, Dr. F. Donaldson, Md., Chairman.

On Medical Education, Dr. S. D. Gross, Pa., Chairman.

On Medical Literature, Dr. A. C. Post, N. Y., Chairman.

On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.

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On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., Chairman.

On Insanity, Dr. Isaac Ray, R. I., Chairman.

On American Medical Necrology, Dr. C. C. Cox., Md., Chairman.

On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.

On Compulsory Vaccination, Dr. A. N. Bell., N. Y., Chairman.

On Leakage of Gas-Pipes, Dr. J. C. Draper, N. Y., Chairman.

On Alcohol, and its Relations to Man, Dr. J. R. W. Dunbar, Md., Chairman.

On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.

On Local Anæsthesia, Dr. E. Krackowitzer, N. Y., Chairman.

On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.

On the Comparative Merits of the Different Operations for Extraction of Vesical Calculi, Dr. B. J. Raphael, N. Y., Chairman.

On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.

On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.

On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. M. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. — Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engelman; Alabama, Dr. R. Miller; Texas, Dr. Greensville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abm. Sager; Ohio, Dr. J. W. Russell.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary,

W. B. ATKINSON, M. D.,
215 Spencer St., Philadelphia.

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American Medical Association.

This body meets in Cincinnati on the 7th of May. A large attendance is anticipated, as, besides the organizations that have heretofore, been represented, many new state and county medical societies have been formed, and others which had been suspended in consequence of our national troubles have been revived. These, it is hoped, will all be represented. If so, our Cincinnati friends may expect about five to six hundred representatives of the medical profession of America to claim her hospitality for two or three days during the first week in May.

We trust that the Committee of Arrangements will be able to induce the various railway companies throughout the country to pass delegates and members at *half-fare* over their several roads —not simply to give return tickets, thus compelling the holder to return by the same route he went, and depriving him of the opportunity of passing through the country by two different routes. Let this matter be attended to early, and published in the journals; and let it be known what roads are illiberal, either by refusing commutation at all, or by only giving return tickets. If the companies will commute at all, it can be of no consequence to them whether they allow half-fare or return tickets, while it may be of some importance to the traveller.

A number of Committees are expected to report upon important subjects, and it is to be hoped, that they will be ready with well-digested, *brief* reports, or, if their reports are necessarily long, with abstracts of them, so as not to occupy the time of the Association with long papers to the exclusion of other important business.

A word to our Cincinnati friends. "Let your moderation be known to all men." Make the most ample provision for an intellectual feast—and if you must "feed" the Association, do it in a moderate, substantial, *sensible* manner, as becomes men of science. ESCHEW INTOXICATING DRINKS ALTOGETHER. Let them not be once named among you. If any medical man wishes to make a beast of himself—for Heaven's sake do not disgrace the whole profession of America to accommodate him, but let him go to a tavern among his congeners, and wallow to his heart's content. It is an insult to the profession of medicine to have its meetings disgraced by the presence of men who have no respect for them-

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selves or the honorable company they are in. Do not compel the decent members of the profession to appear to countenance those who are mere hangers-on to its meetings for the opportunities they afford them to indulge in their bibulous propensities.—[*Philadelphia Medical and Surgical Reporter.*

Circular No. 6.

In that excellent publication, Circular No. 6, which emanated from the Surgeon General's office in 1865, and which has been so deservedly complimented, both at home and abroad, we find at p. 58, a reference to the seven cases mentioned by Legouest, and it is also stated that the operation performed at Birmingham was a successful one. It adds that during the late war, complete excision of the knee-joint has been performed eleven times, and it furnishes an abstract of each case. The only successful cases were the first and last upon the list, viz: that in which Dr. Bontecue operated, which we have already quoted. and the last, which we copy from Circular No. 6. The success claimed in the next case is so extraordinary as to suggest some doubts of its authenticity. It appears on the Quarterly Report of the General Hospital, at Kansas City, Missouri, for the last quarter of 1863.

Private Samuel Miller, Co. L, 1st Missouri State Militia, was admitted into the General Hospital, &c., April 1, 1863. He was wounded December 28th, 1862, the ball having fractured the outer condyle of the right femur, passed obliquely through the patella, and lodged in the head of the tibia. April 7, 1863, Acting Assistant Surgeon Joshua Thorn, U. S. A., performed an excision of the outer condyle of the femur, with part of the shaft, removing by an oblique section two and a half inches from the femur, together with the patella and articulating surface of the tibia. No anæsthetic was used. The wound was full of shattered bone, and an extraordinary amount of pus came out of the joint. There was severe pain and extensive inflammation in the leg. The patient was much emaciated from copious diarrhœa. Skin dark and dry, very like parchment. At the time of the operation he was nearly insensible, pulse 120 and feeble. He was greatly prostrated after the operation, but on the next day he revived. Nutritious diet, with porter, was given him, and he continued to improve. Complete bony anchylosis resulted, with the leg bent about ten degrees. On December 8, 1863, Miller was discharged from service. He was able to walk almost as well as ever.

From the examination of the details of the nine fatal cases reported in Circular No. 6, it appears that patients perished from

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pyæmia and exhausting discharges. It must be admitted, therefore, that exsection of the knee-joint for gun-shot injuries has been very unsatisfactory in its results, and from what we have seen of the results of amputations performed under the same circumstances—between the end of the second and twenty-first day after injury, we have no doubt a similar termination would have followed. In the Kansas case more than three months, and in my own, some three years had elapsed from the time of the injury, and when all the cases shall have been collected in which the operation has been done at a considerable period after the injury, it will probably be regarded with much more favor by military surgeons than at the present date of writing. G. C. B.

Medical College of Ohio.

The Forty-sixth course of Lectures in this institution closed on Saturday, February 23, and on Friday, the 1st of March, the commencement exercises were held in one of the lecture-rooms of the College. After an address from Flamen Ball, Esq., President of the Board of Trustees, Professor M. B. Wright, Dean of the Faculty, delivered the valedictory.

The following is a list of the graduates: R. S. Applegate, I. W. Baldwin, F. Brunning, F. Dowling, D. C. Fay, T. G. Herron, J. H. Hazard, D. W. Lamme, T. C. Minor, A. A. Parker, L. A. Querner, E. L. Shackleton, J. H. Tucker, J. W. Utter, and J. E. West, of Ohio. W. H. Berry, T. J. Bowls, I. A. Comstock, E. T. Elder, C. P. Gerstmeyer, H. D. Hinckley, J. P. Logan, O. L. Mahoney, D. H. Miller, C. B. Miller, M. V. B. Newcomer, J. W. Pugh, J. H. S. Reiley, S. B. Robbins, I. T. Scearce, Chas. Scudder, W. H. Stewart, T. C. Vannuys, and W. H. Wallace, of Indiana. W. B. Blanton, C. H. Hubbard, T. G. Hall, J. F. Hoover, Sam'l. Hunter, Thos. Patton, and J. T. Whittaker, of Kentucky. R. G. Coleman, of Missouri. G. W. Dudding, of Virginia. F. L. Eaton, B. F. Hamilton, G. J. Ross, and B. Ward, of Illinois.

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Hospital Appointments.

The following appointments of resident physicians in the hospitals of this city, for the ensuing year, have been made: In the Commercial Hospital. James T. Whittaker, M. D., Chief; and W. K. Perrine, M. D.; Chas. P. Judkins, M. D.; Alex. Guthrie, M. D., and A. P. Courtwright, M. D.

In the Hospital of the Good Samaritan: Frank Brunning, M. D., and L. A. Querner, M. D.

Spring Course of Lectures.

A Course of Lectures in the Medical College of Ohio, will commence March 18th, and continue three months. The lecturers in this course will be Drs. Nickels, Hudson, Wright, Miller, Kearney, Walton, Schneider, and Tibbals. Members of the Faculty and Staff of the Good Samaritan Hospital, will also deliver clinical lectures in that institution.

The Miami Medical College announces a similar course.

THROUGH carelessness in proof-reading, a few annoying typographical and other errors appeared in our last number. In justice to Dr. J. C. Reeve, we correct the first sentence in the extract from his most able Review on Anæsthesia, published in the January number of the *American Journal of Medical Sciences.* Dr. R. is made to say: "The amount of danger is not only small, but more important, for it is in a great degree preventable." It should have read as follows: "The amount of danger is not only small, but, more important far, it is in a great degree preventable." In our notice of the injury sustained by Dr. Aitkin, the printer has made us say that the thigh was fractured "just below the *nochantlets,*" for "just below the *trochanters.*" Now that the publishers have made more perfect arrangements in their printing establishment, and have given us paper and type not easy to be surpassed, we hope, in the future, to guard against these blunders, so annoying to both contributors and editors. Again, our April number will appear about the 10th of the month, and from that period we shall aim at punctuality on the first of the month. Our publishers have now one of the best arranged houses in the country, their printing, binding, etc., all being done over their new and magnificent store on West Fourth street.

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THE

CINCINNATI JOURNAL OF MEDICINE.

APRIL, 1867.

The Constitutional Treatment of Local Diseases. By THEOPHILUS PARVIN, M. D.

That department of *Nosology* which embraces the classification of diseases, is confessedly beset with great difficulties. The imperfections and defects of every system that has yet been devised, is a sufficient proof of this truth. Anatomy, Physiology, Pathology—both as to theories thereof, as to processes, and as to ultimate results—Etiology, Alterations of Function or of Structure, or, in other words, dynamic and organic changes—each has been vainly invoked to furnish a basis for the classifying of human maladies, that shall be at once clear, comprehensive and philosophical.

Comparatively recently, one of the most instructive of living medical teachers* recommends, for therapeutical purposes, the following division of morbid phenomena: (1) Deficiencies of nutrition, or constructive form-building; and (2) Deficiencies of moulting, or form-destruction. Without waiting to discuss the value of this basis, and the practical usefulness of the system which is erected upon it, we wish to refer to a much older classification, finding its inspiration, not indeed in therapeutical purposes, but which bears an important relation, we do not

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* Dr. Chambers.

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now say how justly, to therapeutical practice. This division is into general and local diseases. All readily admit that the former require remedies addressed to the system; while the converse of the proposition, in reference to the latter, is promptly formulated in the minds of many practitioners, and rules their practice in the treatment of such maladies.

It may be alleged that out of this latter creed, *i. e.*, that local diseases demand local treatment only, the various *specialties* have had their origin. Doubtless this may be true in reference to those specialists, advertising peripatetics, who are ignorant of medicine, and who, having some mechanical dexterity, live upon the credulity of the public, and in their charges prove themselves "extortioners and unjust men." Annually these knaves make their travels through the country, and by newspapers and handbills proclaim their skill, until they count their dupes by thousands, and their gains by hundreds of thousands. We would find the prototypes of the school of specialists which ignorance produces and credulity sustains, referred to in the following passage from Herodotus: "The art of medicine is thus divided among them, *i. e.*, the Egyptians—each physician applies himself to one disease only, and not more. All places abound in physicians; some physicians are for the eyes, others for the head, others for the teeth, others for the parts about the belly, and others for internal disorders." But there is a higher manifestation of *specialism*, a specialism which commends itself not by its ignorance of all other disorders of the body than those of the particular part, or organ, which it proposes exclusively to treat, but by its study of the entire organism, in health and in disease, and which grows out of the development of medicine, and which has contributed, not a little, to its progress. Specialism comes inevitably as the growth of civilization; division of labor is a mark of social progress; the higher we rise in the scale of organic life, and the further, too, we follow physiological evolution, the greater we observe to be the differentation of function; and this, which is true of classes of organized beings and of individual organization, is equally true of social organization. *Divide et impera*, is a motto not without its practical utility in our study of some of the means wherewith to cope, successfully, with the various diseases which afflict the human family. No matter how just or unjust the protest Abernethy made against "the evil that has arisen from the artifi-

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cial division of the healing art into the medical and surgical departments; nor how fiercely and bitterly Mr. Syme* may refer to specialists; nor how strongly Sir Benjamin Brodie argued against the establishment of special hospitals, there will be surgeons and physicians; and of these, specialists; and likewise hospitals devoted to the treatment of particular diseases.

We do not propose a defence of specialties; we accept the fact of their existence, and we think the divisions of professional labor will, so far from diminishing, rather increase, though we may never see the day when we shall read, as wittily suggested in a recent number of a non-professional publication, upon a door plate, "John Smith, left-leg amputator."

Yet the question will present itself, whether there is not a tendency on the part of those giving themselves to the study and treatment of a particular class of local diseases exclusively, to magnify in their own minds the importance of such maladies, and content themselves, too often, with an almost, or even entirely local therapeutics? Even if this question could be truthfully answered in the negative, there would still present itself this fact, patent to the observation of every intelligent physician, that there are practitioners who frequently commit the very error, commit it over and over again, which may possibly be attributed to some specialists. Hence we believe an inquiry into the *constitutional treatment of local diseases*—upon what it is based, how sustained, and how limited, can not be entirely valueless.

First, what do we mean by *general* and by *local* diseases? By the former we mean such maladies as affect the entire animal economy, or the organic life, *e. g.*, the essential fevers, phthisis, syphilis, scurvy, etc.; by the latter, those that occupy one part of the body, or a single organ, *e. g.*, a furuncle, an aneurism, an ulcer, a vaginitis, a conjunctivitis, etc. It will be observed that by this definition of local maladies, we may have them internal as well as external. And here we observe that merely because certain organs or parts of the body are accessible to local therapeutics, to conclude therefrom that such treatment is always required, would be only

* Still advancing, we found squatted in the very center of our path, those misbegotten imps, the "specialists," chattering and grimacing, with a view of deterring us from entering the fields which they have had the presumption to claim as their own peculiar property. Disdaining any discussion with this ill-favored crew, we discharged some explosive missiles, which had the happy effect of their speedy dispersion, the whole pack scampering off with a howl of impotent rage." (*Clinical Lectures, London Lancet*, June 2, 1855.)

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more irrational and illogical than to argue that other parts and organs not being thus accessible, and therefore escaping all direct assaults upon their diseased condition, therefore the former should never be treated by local agencies.

Having thus explained these two terms in their application to morbid phenomena, we propose to pursue our inquiry in the following order:

I. The constitutional origin of many local diseases.

II. The modifications which the constitution exercises upon other diseases even when these have not such origin as the former.

III. The influence of the local disease upon the constitution.

IV. The testimony of therapeutics: *cura ostendit morbos.*

V. The teaching of medical authorities.

I. THE CONSTITUTIONAL ORIGIN OF LOCAL DISEASES.—

Although the phenomena of diseased action are multiform, it is in accordance with sound philosophy, as well as with the revelations of growing science, to attribute them to a few ultimate causes. Matter has countless forms, but only a small number of elements; the forces which are at work in the organic and in the inorganic worlds, binding and loosing, building up and destroying, are not numerous: ignorance multiplies causes, science diminishes their number, and with every step of its progress makes larger inductions and more comprehensive generalizations. So too, when we come to study the action of special morbid causes, the results are in correspondence with this truth—a single cause, and various effects. Let several persons be exposed to a cold rain for example. One may have an attack of bronchitis, of pneumonitis, or of pleuritis; another suffer with neuralgia; a third with rheumatism; a fourth with inflammation of certain lymphatic glands; a fifth with diarrhea, an enteritis, or a colitis, etc. The late John Hunter, (*Sir Everard Home,*) in consequence of throwing a stone with over-exertion, strained his pectoral muscle; the lacerated fibres produced hæmorrhage and swelling; he became faint and required rest for some time, but ultimately did well. A precisely similar accident occurred to another gentleman; and the tumor, instead of disappearing with rest, ultimately assumed the cancerous character, and the subject died. Clay pipes are smoked year after year by thousands; sometimes one of the number is attacked with an epithelioma of the lower lip; then of those attacked, some may have the

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abnormal growth excised, and of those some may witness no return, while in others the disease reappears and extends its ravages until death results.

Now, how explain these varied phenomena? Manifestly by differences of individual constitution, original or acquired, permanent or transitory; differences which find their expression in differences of general or of local results. We know too, that an individual may be exposed to a morbid cause at one time in his life, and no disease follow; but subsequently the same cause may act most efficiently. We know also, that bad hygienic conditions favor the development of both general and local diseases, and this they must do through some modifications induced in the constitution. And illustrative of this, we have Dr. Marston's statements, *Beale's Archives*, Vol. III., in reference to ophthalmia. "The disease seems to have some intimate connection with miasmatic influences, and my own experience and observation would lead me to infer that it prevails with diseases incidental to bodies of men exposed to malarious and effluvial emanations. The convicts in Gibraltar, however, seemed to be tolerably free from diseases of an epidemic type. In Malta, on the contrary, the barracks in which ophthalmia appears, yield other disorders. Typhoid or enteric fevers; gastric, remittent, rheumatism, and certain forms of febrile dyspepsia are common at the same time, or, at different periods of the year, and during different years, in the very same barracks, which yield long lists of ophthalmic disease,"

It is manifest from what has been said, that we may have certain conditions of constitution, either permanent or temporary, which determine the manifestations of morbific agents. Those which are permanent may be considered under the head of *diatheses*. The same meaning has not always attached to the word *diathesis*, nor does it now always bear, in medical minds, a common interpretation. In a most interesting monagraph, *Des Diatheses et des Cachexies*, *Par Victor Timothee Feltz*, *Strasbourg*, 1865: the author traces its history as interpreted in different ages. "Those who have followed Aristotle, have used it to express both the state of health and that of disease." "With Galen it was a permanent state, a fixed disposition of the organism, anterior or consecutive to every morbid affection." Some have regarded it as a predisposition to disease; others, as a sort of balance between health and disease; still others, a disease actually existing but not developed. But,

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not to repeat all the definitions that have been given, it may be said that the word diathesis, as generally understood—and we here use the words of Dr. Aitken—means: (1) "The existence of *latent* conditions of the body itself, necessary for the development of particular diseases; (2) A tendency to the development of special and peculiar disease during the course of the nutrition and other morphological changes between the solids and the fluids of the body, and which are only influenced by the operation of agents from without, acting as stimuli or excitants to the morbid development."

The author of the monograph to which reference was made a moment ago, attempts a more precise and scientific definition: "The entire organism may be divided into cell-territories; it is the cell only which lives, and every thing in the organism gravitates around these living unities, which themselves escape our investigation when we attempt more than the study of their mutations." "Behind all these mutations we find *life*, and life we can know only by its phenomena; just as electricity will always be an enigma to the physicist, or as affinity, in its essence, can never be known to the chemist." "Now instead of accepting a definition of diathesis, which only includes the entire economy considered as a whole, it would be more in accordance with the developments of medical science to regard it also as a special disposition of the tissues, both liquid and solid of the organism."

We have learned from the teaching of two of the first of British physiologists, Drs. Bennett and Beale, not to attach so much importance to the cell itself as has been done by many on the continent, following the teachings more especially of Virchow. With Dr. Beale the cell-wall counts for but little; it is *formed* material, and no longer living; but in the cell-contents is that matter which truly lives. Hence "these living unities," to which our author refers, and around which everything in the organism revolves, can not be predicated of the cells themselves, but of the germinal matter which they enclose and from which they have been produced.

We venture another criticism, though confessedly with much hesitation. Pathology will not always permit us to divorce one tissue from another; they are often joined together in a common affection; inflammation, suppuration, various other morbid tissue-changes may invade very different structures; bone, cartilage, glanular structures, may suffer from cancer as well as the epithelial, or

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the connective tissue; nor will the fact of this disease, affecting one tissue, exempt others in the same individual, but rather render it probable that some of them, at least, will be thus visited. Hence we can not see that it simplifies our knowledge, renders it at all clearer or more satisfactory, to consider diathesis as a peculiar disposition of each tissue. However, having said this much of the author's views, we will take, in our studies of local diseases of constitutional origin, the diathesis he makes of the blood: these are hypertrophy and atrophy, the former divided into *polyemia* and *leukæmia*, and the latter into *chloro-anæmia* and *melanæmia*, and show how these may manifest themselves by diseases of particular parts or organs of the body. Nevertheless, we do not believe that these general conditions of the blood will explain even a moiety of the maladies, either general or local, from which the organism may suffer, and which are dependent upon blood-changes; and hence it will be necessary, after taking the view proposed, as based upon these general diatheses of this tissue,* to consider other conditions of the blood which may cause local disease. As to both the second variety of blood-hypertrophy *leukamia*, and of blood-atrophy *melanæmia*, they are, comparatively, rare conditions, and but few words need, in reference to our present purposes, be said of them. "Leukæmia renders the subject liable to hemorrhages, to dropsical effusions, and to engorgements of internal viscera;" while melanæmia may cause embolism and thrombosis. Now here we have, in strict definition, local diseases arising from this blood-diathesis, and for the curing of which, if cured at all, local treatment is of but secondary importance.

Passing now to the other varieties of hypertrophy and atrophy of the blood, we find in the first a state which corresponds to the phlogistic diathesis of old authors, and the sthenic diathesis of Bown; it is, in a word familiar to all, *plethora*. Here we have an actual increase in the number of blood-globules, and possibly a greater vitality thereof. What local diseases may result? Cardiac hypertrophy form the stimulating influence of so rich a blood; various local congestions and inflammations; venous enlargements in some parts of the body; ulcers of the inferior extremity,—for these, as pointed out by Mr. Critchott, we believe, may occur as well in plethora as in anemia; hemorrhages, the blood breaking through its distended

* To speak of the blood as a *tissue* may at first sound strangely to some ears; nevertheless Virchow, *Cellular Pathology*, and many others thus designate it, and we believe correctly.

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channels, as the streams swollen with spring floods sweep away the barriers that have hitherto confined them. Here, again, local therapeutics is but secondary to that treatment addressed to the general condition of the system. In blood-atrophy, anæmia, or chloro-anæmia, we have the red-globules lessened in number and in size. Take the anæmia of the girl at puberty, and how various the disorders of the uterus and its appendages, and of uterine functions. Take the anæmia of the pregnant, or of the nursing woman, and ulcerations of this or of that part of the digestive tube: rid the patient of her anæmia, and the local treatment is of minor importance. So too, the nursing woman is more liable to mammary inflammation and abscess after the ninth month of lactation, than she is at any other period, except the first two or three months. And on this point Dr. McClintock remarks, in his *Clinical Memoirs on Diseases of Women*, Dublin, 1863. "This greater proclivity to inflammation after the ninth month of lactation (as compared with the six preceding months), 'must be considered,' writes Mr. Nunn, 'as an induced proclivity, having its origin in a certain condition of the system, brought about by over lactation. This condition of the system is, in fact, a form of cachexia, characterized, by a deficiency of red blood, general debility, impaired digestion, and great bodily languor, etc., a state of the system in which local congestions are very apt to arise, and suppuration is very easily set up." Among other consequences of anæmia may be reckoned hemorrhages, ulcers, various local neuralgias, exopthalmic goitre, et cetera.

In a former part of this paper we alluded to the different manifestations, in different individuals, of a common morbific cause; and professional experience fully confirms the use of such terms as rheumatic, tuberculous, scrofulous, cancerous neuralgic, etc., as describing various diatheses, and by which we explain such various results. Virchow, who seems to hold in as utter detestation *dyscrasia* or diathesis, in explaining the origin and progress of certain diseases, as he does the claims of Dr. Bennett to having first discovered leukæmia, or *leucocythemia*, as the Edinburgh professor will term it, cannot ignore utterly in his discussion of "Tumors," as a factor in the evolution of these morbid products, some peculiarity of constitution. For, mark his explanation of *lymphoma*, or scrofulous diseases of the lymphatic glands: "Here some irritant is conveyed, most often from the skin or mucous membrane, by the lymphatics to the glands.

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Thus eruptions of the scalp, and catarrhs of the mucous tract of the mouth, nose, and throat, precede the cervical lymphoma; attacks of bronchitis, the bronchial lymphoma, so common in children, and, in the majority of cases, wrongly termed tubercular disease, while catarrh of the gastro-intestinal tract is a forerunner of similar mesenteric lymphoma. The catarrh, it is true, may be often slight and transient, but the disease has been set a-going in the glands with which the mucous membrane communicates, and holds to them with strange tenacity, even though the exciting cause is past and gone. But something more than this is required. Either through hereditary tendency, or acquired weakness, (a result of bad food and air,) certain parts of the body, the lymphatic glands in particular, are brought into such a condition that a slight irritant, which in another person would produce no effect, causes them to swell up and become the seat of hyperplastic change."

So too, when he discusses bone tumors, we learn that in the production of these, "constitutional causes, such as syphilis, rheumatism, rickets, are undeniable. Hereditary tendency exercises a decided influence, and it is in the early growth of the bone that this predisposition manifests itself." It is true both of these quotations in reference to the views of Virchow are expressed in the words of a reviewer, *British and Foreign Medico-Chirurgical Review*, January, 1867; but they are doubtless correct.

Now it does seem, even to our dim perceptions, very clear that Virchow, while rejecting *dyscrasia* in word, admits it in facts. Why should there be anteriorly to the production of scrofulous tumours, these various other local diseases, scalp-eruptions, catarrhs of mouth, nose, throat, et cetera; or these existing, why should other manifestations follow and persist in certain subjects, unless there were some peculiarity of constitution, hereditary or acquired, some predisposition to such diseases—in a word a scrofulous diathesis, which developes with these various diseases into a scrofulous dyscrasia? So, too, in reference to bone tumours. It is enough for us to repeat that "constitutional causes are undeniable," and that "hereditary tendency exercises a decided influence," to confirm one's faith that we must often seek for the fountain and origin of numerous local maladies in some vice of constitution.

We have dwelt upon these views of the great German teacher at greater length, because he is the founder of a school of pathology, in which we believe too great importance is given to the local

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origin of maladies; for, as a *sequitur* to this creed, physicians may attach too much consequence to local therapeutics. And every day's experience and observation, we frankly declare, confirms us in the opinion that the majority of medical men, and not specialists only, devote themselves too exclusively to the treatment of a local disease which may be but a minor matter, requiring no treatment, or only a manifestation of a constitutional state, or finally a cause which has re-acted upon the constitution, and therein produced general derangements, the persistence of which causes its own persistence.

[TO BE CONTINUED.]

Trial for Malpractice. Prepared by DAVID PRINCE, M. D., of Jacksonville, Illinois.

The chief points in this case were a forward dislocation of the tibia upon the astragalus, with fracture of the fibula—in which, at the end of nearly three months, the dislocation was found still to exist, having been either never reduced, or having become redislocated. The displacement, at the end of this period was reduced, and the parts kept in position by an outside splint of wood, pasteboard and bandage.

A prosecution for damages was brought against the physician first in attendance, on account of alleged malpractice, (the case was tried three years after the receipt of the injury) the jury finding for the defendant.

Mrs. Harmon, of Payson, Illinois, aged about 40, made a misstep in going down the door-steps, and dislocated the left tibia forward upon the astragalus, and fractured the fibula two inches above its connection with the tibia, on the 31st of August, 1863.

Dr. J. H. Reynolds attended—making efforts at reduction, and afterward applying side-splints, which extended below the malleoli, but did not apply to the bottom of the foot, and no bandage passed around the foot. Several witnesses testified that the heel appeared too long, after the attempts at reduction had been discontinued.

According to one witness, an inmate of the house, the splints were left off three weeks, while another, also an inmate of the house, testified that they were taken off, and not re-applied at the end of five days.

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It appeared from the testimony that the foot was not in an extended position, but maintained a position nearly at right angles with the leg.

The patient was seen by Dr. Prince, in company with Dr. Reynolds, and Dr. Shepherd, of Payson, November 25, 1863, nearly three months from the time of the injury. Condition—the two limbs being placed horizontally upon a chair, resting upon the posterior surfaces of the heels, the injured (left) limb presented the anterior surface of the lower end of the tibia one full inch higher than the corresponding surface of the other leg. There was, therefore, at this time, a forward dislocation of the tibia upon the astragalus, to the extent of one inch. The articulating portion of the astragalus is about an inch and three quarters in its antero-posterior diameter—(the antero-posterior diameter of the whole bone being about two and one-half inches.)

The posterior edge of the articulating surface of the tibia was therefore carried forward of the highest part of the articulating arch of the astragalus.

The fibula presented an angle at the place of fracture, two inches above its connection with the tibia, the angle projecting forward. There was, to a small extent, eversion of the toes, and also eversion of the foot; that is, the inner side of the foot would, in walking, strike the ground, as in talipes valgus. The foot had its natural angle with the leg, being neither flexed nor extended. The striking peculiarity was the appearance of the leg, its position being too near the middle of the foot.

The case was peculiar, in differing from the descriptions of all who have written upon this dislocation. The toes are said by authors to point downward, i. e., the foot is extended. It is easy to see that if the tibia slides entirely beyond the articulating surface of the astragalus, the muscles attached to the heel may pull it up and depress the toes, but in a partial dislocation, like the one in hand—the tibialis anticus, extensor digitorum longus, and the peroneus tertius being put upon the stretch by their fastenings to the dorsum of the foot, by the grooves or fascia in which they move, may balance the traction of the tendo-Achillis.

To reduce the dislocation at this period of nearly three months from the time of the accident, the patient was brought under the influence of a mixture of ether and chloroform, and the foot was forcibly moved in all directions to break up the new-formed adhe-

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sions, and the union of ruptured ligaments. The proper relation of parts was at length secured.

The retaining apparatus consisted of four layers of pasteboard, obtained from a bandbox, covering the outer half of the leg and foot, strengthened by a wooden splint, two inches wide, with an orifice in its lower end to fit over the external malleolus, all held in position by a liberal number of turns of a roller. The pasteboard was prepared by cutting a hole opposite the malleolus, and slitting out the heel, to enable this portion to lap in applying the pasteboard to the limb, as used to be practiced by Dr. R. D. Mussey. The material is, of course, first softened by dipping it into water, to enable it more readily to shape itself to the surface of the limb.

I find, in looking over the books, that Dupuytren's splint is in great favor, after the fracture of the fibula, with or without displacement of the tibia, upon the astragalus.

By looking at a cut of this in *Cooper on Fractures and Dislocations of the Joints*, or in *Hamilton on Fractures*, it must appear that this is a very insecure fastening—a straight splint on the tibial side of the leg, held on by a few turns of a roller below the knee, and a few more turns over the ankle, while nothing is applied along the middle portion of the splint, lest the fractured portion of the fibula should be drawn in upon the tibia. It seems hardly possible that a patient can keep his leg sufficiently still to avoid disarrangement of this dressing. If an inside splint is applied at all, it would seem that it should be accompanied by an outside splint, so shaped or so padded as not to press upon the fibula above the malleolus, and arranged so as to secure some inversion of the foot. With two splints, a roller can be applied over them the whole distance, without pressure upon the fibula, except its two extremities. But when the tibia is not broken, it is a good enough splint itself, and if the outside splint is made to embrace the foot, as in the pasteboard arrangement described, motion of the ankle-joint is completely abolished, and the parts brought into the best relations to avoid deformity.

The patient wore the pasteboard splint about five weeks, when it was laid aside, in order that the joint might acquire its proper movements. Some degree of eversion of the foot (valgus) has continued, probably owing to a want of the proper restoration of the internal lateral ligament, and some degree of lameness has, therefore, remained.

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Dr. Reynolds was sued for two thousand dollars damages, for malpractice, in not reducing the dislocation, or, if he reduced it, for not securing the joint against subsequent displacement. The case was tried in the October term of the Adams county Circuit Court, 1866. The verdict of the jury was an acquittal.

With regard to the fact of reduction or not, the testimony was altogether non-professional, no physician except Dr. Reynolds, seeing the case during the period of his attendance, and the medical opinion based upon this testimony was divided, some of the medical witnesses thinking, from the testimony, that it must have been reduced, and others that it could not have been. If the reduction had been originally effected, it followed, of course, that the joint became subsequently in some way displaced.

The jury were probably influenced in their verdict by the testimony of the medical witnesses, that this is a rare accident, difficult to distinguish, and often difficult to manage—baffling the skill of some of the most distinguished medical men—and by the legal position that "ordinary skill and care" do not necessarily imply that there should be skill equal to all emergencies, among those who only make ordinary professions of skill. It was plain that the skill brought to the case was not equal to the emergency, but it was claimed that it should not be required of an ordinary country doctor that he should diagnosticate or correctly treat a case such as had baffled the skill of Sir Astley Cooper.

In this connection the medical witnesses were drawn upon for the fact mentioned in *Cooper's Lectures*, (American Ed., p. 613, and in *Cooper on Fractures and Dislocations of Joints*,) that Sir A. Cooper failed to reduce the first case which he saw, and which he even did not understand until he saw a dissection of an unreduced case, the patient having died several years after the accident.

A quotation was adduced from *Hamilton's Report*, in the *Transactions of the New York State Medical Society*, for 1855, in which only one dislocation of the tibia forward was found for sixteen dislocations inward, one of these inward dislocations occurring in his own practice, in which he had failed to secure reduction, though the patient afterward acquired a good use of his limb.*

The cases quoted in *Hamilton on Fractures*, pp. 692–3, were brought out, one under the care of Dupuytren, in which he could

* This unsuccessful case is also noticed more at length in *Hamilton's Report on Deformities after Fractures*, in *Transactions American Medical Association*, 1857, p. 400.

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not keep the parts in place, and a considerable amount of deformity resulted—one under Earle, in which the parts could not be kept in place, and in which amputation became necessary on account of projection of bone and gangrene—and a similar case seen by Malgaigne.

The authority of Hamilton was brought forward that "In many cases great difficulty has been experienced in maintaining the reduction, though the reduction itself may have been easy."

With regard to the treatment, by Dr. Reynolds, permitting the limb to remain in the straight position, the authority of usage was brought forward, which is summed up by Hamilton thus: "The leg flexed upon the thigh should be laid on its back in a box, and the foot supported firmly against a foot-piece, at right angles with the box."

The violation of this *authority* was justified by its disregard, in the plan of treatment finally pursued, in the application of a pasteboard splint, and in the permission of the patient to place the limb in the position which was most comfortable. It is difficult to conceive what good reason there can be for placing the leg in a box, elevated a foot or more above the patient's body, when the only indication is to secure the ankle-joint, and parts immediately contiguous, from displacement. Any movement of the limb which does not endanger the displacement can do no harm, while movement of the unaffected joints is a source of great comfort to the patient.

The flexing of the leg upon the thigh is done for the purpose of relaxing the muscles terminating in the tendo-Achillis. This can be of very little importance for the reduction, if done while the patient is in the state of anæsthesia—for the muscles then relax; and subsequently the maintaining of the foot immovably at right angles with the leg, must effectually prevent the foot from sliding back upon the tibia to reproduce the displacement.

INSTRUCTIONS GIVEN BY JUDGE TIBLEY, in the case of Harmon *vs.* Reynolds, tried at the October Term of the Adams Co. Circuit Court, 1866:

1. "The Court instructs the jury on the part of the plaintiffs, that before a person is authorized to undertake, as a physician or surgeon, to treat another for an injury, he is required to have possessed himself of, and have such skill and qualifications

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for the treatment of such, and kindred injuries, as are ordinarily possessed by the members of the medical profession; and if, without such skill, he undertakes to treat a person for an injury, he is liable for any injury or damage resulting from a want of the same.

2. The Court instructs the jury on the part of the plaintiffs, that if they believe, from the evidence, that Mrs. Amy Harmon, one of the plaintiffs in this suit, received an injury to her left ankle, either by a partial or total dislocation of the same, and at the time such injury was received, the plaintiffs were husband and wife, and have so continued ever since, and that the defendant Joseph H. Reynolds held himself out as a physician or surgeon, and as such undertook to treat the said Amy Harmon for such injury; then if the jury further believe, from the evidence, that the defendant either failed to reduce such dislocations, or if reduced, to properly secure the continuance of the dislocated bones in their proper place, and that such failure on his part arose from, or was owing to, a want of such skill or qualifications as are ordinarily possessed by the members of the medical profession, or from neglect to use in his treatment of the case, such skill, care and caution, as are ordinarily used in respect to such and similar cases by the members of the medical profession; and that in consequence of such failure the said Amy Harmon was, or has been, in any way injured or damaged, they must find the defendant guilty, and assess the plaintiffs, damages.

3. The Court further instructs the jury, on the part of the plaintiffs, that the term "ordinary" or "ordinarily" is not susceptible of any precise and inflexible definition; that for its import and meaning, when used in relation to skill, care, or caution, reference must be had, in each and every case where the question arises, to the situation of the parties and the business on hand, or in which they are engaged; and its import and meaning varies according to the exigencies which require vigilance and attention, conforming in amount and degree to the particular circumstances under which skill, care, and caution are to be exerted.

4. The Court further instructs the jury on the part of the plaintiffs, that it was not necessary in this case for the plaintiffs to prove, by witnesses, the amount of damages sustained by the said Amy Harmon, by reason of any injury that the jury may find, from the evidence, she has sustained; that it is for the jury, if they find for the plaintiffs, to ascertain and estimate the amount of damages, from the

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facts in the case; and in ascertaining such damages the jury ought to take into consideration any pain, suffering, loss of use of ankle, or deformity, which they may believe, from the evidence, followed or resulted from want of, or failure on the part of the defendant to use, such skill, care and caution, as are ordinarily possessed and used by the members of the medical profession, in such and similar circustances.

5. The Court further instructs the jury on the part of the plaintiffs, that if they believe, from the evidence, the defendant undertook to treat the plaintiff, Amy Harmon, for an injury, then, though they should believe that Dr. Shepherd was the plaintiff's family physician at the time of such injury, such circumstance in no way affects the defendant's duty or liability in the case, and should not be considered by the jury.

6. The Court further instruct the jury, on the part of the plaintiffs, that although they may believe, from the evidence, that the defendant never charged, or the plaintiffs never paid any thing for the defendant's services, in treating said ankle, and although they may also believe, from the evidence, that Dr. Prince never charged or was paid anything for his services in treating said ankle, still such circumstances do not in any way affect or change the defendant's duty or liability in the case, and should not be considered by the jury, if they believe, from the evidence, that the defendant undertook to treat said ankle as a surgeon or physician.

At the instance of the defendant the Court instructs the jury:

1. That in this action the burden of proof is upon the plaintiffs, to prove by a preponderance of testimony, that the plaintiff, Mrs. Harmon, was injured by a want of ordinary care and skill on the part of the defendant in treating her for the alleged dislocation of her ankle, and also to show affirmatively, by a preponderance of testimony, that such injury happened without any negligence or carelessness of said Mrs. Harmon contributing thereto; and the burden of proof is on the plaintiffs to show not only that the defendant was guilty of negligence or want of skill, but that Mrs. Harmon was not guilty of negligence or carelessness.

2. That the defendant was not bound to exercise an extraordinary or unusual degree of skill or diligence in treating the alleged dislocation, but was only bound to use such a degree of skill and diligence as ordinary physicians commonly possess and employ in such cases; and although the jury may believe, from the evidence,

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that by the exertion of a very high degree of surgical skill and diligence, the result of the treatment might have been more satisfactory, yet the defendant is not to be held liable, provided the jury believe, from the evidence, that he used an ordinary degree of skill and diligence.

3. If the jury believe, from the evidence, that the alleged dislocation was one of exceedingly rare occurence and difficult of treatment, and that surgeons of great eminence and skill have been mistaken in like cases, both in the examination and treatment of the same, and that a surgeon of ordinary skill would be likely to fail in effecting a complete cure thereof, and that in a large proportion of the cases of like dislocation, which have been observed and recorded by authors of reputation upon the subject, the results of treatment, have been imperfect and unsatisfactory, the jury should take all these facts into consideration, in determining whether ordinary care and skill was or was not used in the present case.

4. Although the jury may believe, from the evidence, that the defendant, treated the plaintiff, Mrs. Harmon, for an injury to her ankle, and that the result of such treatment was an imperfect recovery, or lameness, yet these facts are not sufficient to entitle the plaintiff to a verdict; but it must be further shown, by a preponderance of testimony, that such results were produced by negligence or want of ordinary skill on the part of the defendant, without any negligence or want of ordinary skill, on the part of the said Mrs. Harmon, contributing to the same.

5. If the jury believe, from the evidence, that after the defendant had applied to the ankle of Mrs. Harmon the alleged splints and bandages spoken of by the witnesses, the said Mrs. Harmon, from time to time, without the knowledge or consent of the defendant, took off and replaced said splints and bandages, and improperly or carelessly moved about, and used the injured limb before the same was in condition to be used, and that she fell down, and again injured the said ankle, and thereby negligently contributed to the alleged imperfect recovery and lameness of said Mrs. Harmon, then the jury should find the defendant not guilty, whether he used ordinary skill and care or not.

6. In respect to the means alleged to have been used by the defendant to keep the injured parts in place, the jury are instructed that although they may believe from the evidence that other appliances might have been used with more beneficial effect, yet if

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they believe, from the evidence, that the splints and bandages said to have been employed by the defendant, are employed by surgeons of ordinary skill in like cases, and are recommended by good surgical authors and practitioners to be used in like cases, then the defendant is not to be held guilty of malpractice on account of using such splints and bandages, provided, the jury believe from the evidence, that the same were properly applied; and the Court further instructs the jury, that the defendant was justified in using every mode of splinting, bandaging and treating said limb, which the jury may believe from the evidence is recommended by respectable authors or text-books on surgery, and used by surgeons of ordinary skill in similar cases.

7. In determining the degree of credit which ought to be given to the testimony of any witness in the case, the jury should consider any relationship which they may believe, from the evidence, to exist between such witnesses and any of the parties to the suit, also the intrinsic probability or improbability of the statements of such witnesses; also all contradictions in material matters, which appear to exist between the testimony of such witnesses and that of other witnesses in the case; and if, from the evidence, they believe that such witness has wilfully made a false statement or statements, upon any material point or points in the case, knowing the same to be contrary, they may reject the evidence of such witness altogether, except so far as the same may be corroborated by other unimpeached witnesses.

8. If the jury believe, from the evidence, that after the defendant had for a time attended and treated Mrs. Harmon for the alleged dislocation, she informed him that his services would no longer be required, and that he need not again call upon her professionally, unless she sent for him, then the jury are instructed that the defendant was thereby discharged from any further obligation to attend or treat said Mrs. Harmon for the alleged dislocation.

We append to the above report the following account of the proceedings of the Morgan County Medical Society, held at Jacksonville, Nov. 8, 1866, and published in the Chicago *Medical Examiner*, Dec. 1866:

"Dr. Prince, having been called recently to Adams county, as a witness in a suit for malpractice, described the injuries, and made some general remarks suggested by the trial. The case was a rare

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dislocation—the forward dislocation of the tibia, slipping over the swell of the astragalus one inch forward of its natural position! The fibula was fractured, but the lower fragment clung to its natural attachments, and was not displaced. Several of the most eminent practitioners of the State, and of the West, were summoned to appear in the case—among others, Dr. Andrews, of Chicago. Not one had ever been called upon to treat, or had known before, of a dislocation of the kind. But little even can be found concerning it in any of the text-books on surgery.

"Dr. Prince remarked, that a mere knowledge of anatomy did not at once interpret the case. It was a question whether the general practitioner should be better informed than the text-books, or whether he should decline rare and obscure cases.

"Dr. Edgar remarked, that as all physicians were liable to be called upon for surgery, they must take special pains in educating themselves for it; they would be liable for prosecution. More prosecutions arise from fractures and dislocations than from any other source in the practice of medicine. Educate yourselves specially to attend to fractures and dislocations. Never attend a case of fracture or dislocation unless you have an intelligent witness with you. He thought medical schools paid too little attention to the education of their students in these important particulars.*

"Dr. Prince thought that students should be taught to state "that in dislocations a cure can not be guaranteed." He quoted Dr. Andrews, of Chicago, "who thought that medical men should not be held by the law responsible for bad practice, as they were not allowed by the law of the State to familiarize themselves with anatomy in the proper way."

"Dr. Askew thought that prosecutions more often arose from the disagreement of doctors than from any other source. If the mantle of charity should be thrown over the little difficulties of practice, there would be much less trouble in the courts about doctors. Instead of trying to rise on their own merits, physicians too often attempt to build themselves a reputation on the failures or demerits of their neighbors. The State should be more rigid in its requirements of

* In the March number of the same Journal, in a report of another meeting of the above Society, at the same place, February 14, 1867, Dr. Edgar is thus reported: "The suit evidently grew out of malice. The man was hunted down by his medical brethren of the same county. It arose from want of professional courtesy. The doctor hoped that medical men would rise above their petty feelings of jealousy, and rivalry, and cease to give cause to the members of other professions to hold them up as proverbially quarrelsome."

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qualifications; and should afford ample opportunity for the study of anatomy."

EDITORIAL.—Let us quote from some of our leading authorities, their statements in reference to the luxation under consideration.

In reference to partial luxation of the tibia forwards, with simple fracture of one or both of the malleoli, Mr. R. Adams, in his article on the *Abnormal Condition of the Ankle-Joint*, in Todd's *Cyclopedia of Anatomy and Physiology*, p. 160, thus remarks:

"The complete luxation forwards of the tibia from the astragalus, which we have described in the preceding section, all writers look upon as the more common form of dislocation forwards; while the partial luxation in this direction is considered a rare accident. My opinion upon this subject is quite different; for some experience in these accidents leads me to say, that a complete luxation of the tibia forwards from the articular pulley of the astragalus, is rare, but that a partial luxation in this direction accompanied with a simple fracture of one or both malleoli, is an accident by no means uncommon **** It may not be amiss to subjoin the following case as illustrative of the common partial luxation forwards:

"A man, æt. 22, was admitted into Jervis street Hospital, at three o'clock, A. M., of the 26th of December, 1833. He stated that he and a *friend* had been drinking together in a public house; that, in the middle of the night, they quarrelled; that he was knocked down, and was unable to rise, in consequence of his having received a severe injury of his left ankle; his friend then procured some assistance and carried him to the hospital; at my visit, I found him in bed, complaining of much pain, his leg extended and resting on its outer side; the heel was retracted, and between it and the calf of the leg, instead of the ordinary line which marks the course of the tendo-Achillis, there was a conspicuous semicircular curve (fig. 1. *a. b.*); in a word, the heel was lengthened, and the dorsum of the foot seemed much shortened; in the situation of the ankle-joint in front, there was a remarkably hard, prominent,

[*Fig.* 1.]

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transverse ridge, made by the advance of the lower extremity of the tibia and extensor muscles of the toes, while beneath this, there was a marked depression, where the skin and annular ligament seemed, as it were, pinched in, drawn under the lower edge of the articular part of the tibia; the foot was pointed downwards; no movement of flexion or extension could be communicated to the ankle-joint, but it admitted of some little motion in a horizontal, and also in a lateral direction, when the leg was firmly grasped with one hand, and the foot moved with the other. It was remarkable that, although the man had no power whatever over the motions of the joint, he could, while he lay in bed, move his whole limb about with much freedom, and, (as there was probably a locking of the bones with each other), these voluntary movements were not accompanied by any increase of pain. The fibula could be felt to be fractured about an inch and a half above the lowest point of the outer malleolus, "the foot, the outer malleolus and short portion of the broken fibula, formed one system of parts," and were carried for the length of an inch, or more, horizontally backwards, while there was a projection forward, of the lower articular part of the tibia, and the internal malleolus itself was advanced in the same proportion; it is to be observed that there was no crepitus, because it was the deltoid ligament, only, which was torn; the tibia was not broken, and the ends of the fractured fibula were evidently far separated from each other. When the luxation was reduced, which was effected without much difficulty, crepitus could be felt, proving the restoration to its place of the lower fragment of the fibula. This is a species of fracture and luxation which can, by proper management, be readily redressed, and no deformity remains, if time be not lost after the accident has occurred; but if the fibula become solidly united in its new situation, the motions of the ankle-joint are forever lost, and the patient is doomed to lameness for life.

"In the month of September, 1833, a woman, aged fifty-three years, was admitted into Jervis street Hospital, whose left ankle-joint presented all the characters above assigned to the partial dislocation forwards of the tibia, combined with a simple fracture of the fibula; she stated that she had, two months previously, broken her leg close to the ankle-joint, and had been attended at her own house, from a dispensary, by a pupil, who applied pads and lateral splints, but when, after a time, all the splints were removed, she

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found that her limb was deformed, her ankle stiff, her foot rigidly extended, and pointed downwards, so as to be nearly useless to her; as two months had elapsed since the accident, before she applied, no promise of relief could be held out to her. She, therefore, left the hospital, but not before I was enabled to obtain a cast of the leg and foot from which figures 1 and 2 are copied. As I was anxious, before these pages went to press, again to examine this case, I requested Mr. L. to make inquiry about her; he learned that the woman died dropsical, a few days before, and with much difficulty procured for me an opportunity to examine the limb, which on careful dissection presented the following appearances:

[*Fig.* 2.]

"The whole extremity was somewhat wasted, the skin on the sole of the foot was smooth and fine, showing that she had been able to walk but little since the accident; the foot was in a position of almost rigid extension, the toes were directed downwards, the range of motion, of flexion, and extension, did not exceed one inch; in short, all the usual characters assigned to the partial dislocation forwards of the tibia, and displacement of the foot backwards, were seen; when the skin was removed from the fascia of the leg and foot, the intervening cellular membrane was found infiltrated with serum; the skin was adherent to the inner malleolus; the vena saphena, and the nerve of the same name, were thickened and firmly connected together; the extensor tendons were stretched over the tibia, and were somewhat flattened; and the grooves which transmit the tendons that play behind the inner and outer malleolus were deepened. We now directed attention to the state of the bones. We found that the tibia was displaced forwards, that its anterior edge was advanced more than one inch beyond its natural situation, and that it much overhung the os naviculare, but such was the obliquity of the tibia, with respect to the foot, that it could not be said to rest upon that bone; between the os naviculare and the inferior articular extremity of the tibia there intervened much fat of a yellow hue and fibrous texture, intervertebral substance; the internal malleolus itself had been broken, and a small

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portion of the back part of the edge of the articular cavity of the tibia was detached, and both malleoli were retracted, or carried backwards with the foot; the fibula above the fractured portion was directed downward and a little forward, and was somewhat parallel to the tibia, yet more than naturally approximated to it, a circumstance which accounted for the contracted, rounded form the middle of the leg possessed; the lower fragment of the fibula was directed from below upwards, a little inwards, and very much forwards, so as to make, with its shaft, a remarkable angle, salient anteriorly; this bone had been traversed by the fracture obliquely from above, downward, and from before backward. The external malleolus was placed about one inch and a quarter behind its usual situation, and was consequently dislocated at its tibio-fibular articulation, having burst those strong ligaments which connect these bones together, and which are so seldom found to yield."

Cephalic Version. By Dr. M. B. Wright.

The *Gazette Medicale de Paris*, of February, makes the following synopsis from the *Wurzburger Medicinische Zeitschrift*, (edited by Bamberger and Scanzoni). The article is from the pen of O. V. Franque. We translate from the *Gazette Medicale*:

"Cephalic version is less dangerous, both for the mother and the child. In the Duchy of Nassau, during a period of seventeen years, (1843 to 1859), of 247,570 births, cephalic version was performed 34 times for trunk presentations: of these 34 cases, 27 children were born alive; and in no instance did any accident occur to the mother. Podalic version was performed in 1852 cases, during the same period, and only 795 children were saved. And of the mothers, 106 died. The superiority, therefore, of cephalic version is beyond dispute; the mortality, as regards the child, by the latter method, being but twenty per cent., whereas, by podalic version, it was fifty-seven per cent. As regards the mother, the difference in its favor is still more striking. According to the author, too much restriction has been placed upon cephalic version, too many conditions prescribed, (such as mobility of the child in the uterine cavity, the head being near the superior strait, the regularity of labor, an ample pelvis, no prolapsus of the cord, or protrusion of any portion of the fœtus). O. V. Franque insists that the only

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contra-indications to the performance of cephalic version are: 1st. an abnormal form of the uterus, which may be ascertained; 2d. the death of the fœtus; 3d. whenever, from any cause, it may be necessary, for the safety of the child, to expedite the labor."

The above article, on cephalic version, will be highly gratifying to the advocates of that method of aiding labor and saving life, but like all articles merely statistical, it falls short of the practical benefits designed to be accomplished. In Germany, where cephalic version has been so long practised, it needs no explanation, but, in this country, where it has received so little attention, a brief examination of the different methods instituted for its accomplishment may not be out of place.

In giving cephalic version a prominent place in obstetric operations. it may be said, truly, that the old has become new, and, yet, the new differs essentially from the old.

From the time of Hippocrates, up to the announcement of Ambrose Pare, as an obstetrical reformer, cephalic version was deemed necessary in all presentations, except the head. In performing it, however, according to the plan of the time, much difficulty was encountered, and many lives were lost, consequently the active minds of the profession became busy in devising other modes of action. Pare enunciated the fact that he had tried podalic version, and found it more successful, and more easy of accomplishment, than the old method. His views and practice were adopted by other leading spirits, until finally they gained ascendency everywhere. Still, old prejudices, founded on personal success, remained here and there, throughout Germany, and, at length, men, such as are embraced in the article presented, abandoned podalic version as an exclusive method of converting unnatural into natural presentations.

The question arises, how was cephalic version performed in *thirty-four cases* of trunk presentations, and successfully to the child in *twenty-seven* of these cases? In the absence of any positive statement, it is to be presumed that it was by external manipulation, as this is now an established practice among German writers of distinction.

The method of performing cephalic version by external means, is not complicated, but often requires repetition and long continued perseverance, never forgetting that the uterus may be excited to premature or undue action by rough usage. It consists in apply-

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ing the palm of one hand over the breech, and of the other hand over the head of the fœtus—and making pressure in such direction as is best calculated to rotate the entire body, and secure the vertex in position at the superior strait. All this presupposes the presence of the liquor amnii, the usual mobility of the fœtus, and the absence of uterine contraction. Again, the position of the patient should be favorable for relaxation of the abdominal muscles, and for the ready use of the hands of the obstetrician.

The article does not state at what time the enumerated mal-presentations were detected and rectified—whether between the sixth and ninth months of gestation, or not until labor had actually commenced. The latter period is most probable, for it cannot be supposed that 247,570 women were examined during pregnancy for no other purpose than to ascertain the position of the fœtus. Even Mattei, the enthusiastic advocate of cephalic version, by a dextrous use of the hands applied to the abdomen, during the latter months of pregnancy, could not be expected to engage in so delicate, universal and laborious a task. Every practitioner, whose mind has been directed to the subject, must be fully aware of the difficulty of ascertaining the true position of the fœtus, at any period anterior to the commencement of labor. The evenness of surface of the uterine globe, with firmness of the abdominal walls, and with an ordinary quality of liquor amnii within the uterus, may be assigned as reasons for this. The size and shape of the woman may be deceptive, either as to size or position of the fœtus. Fœtal motion does not define fœtal position, nor will the sounds of the fœtal heart afford satisfactory aid in diagnosis.

Were daily and universal examinations practicable, and could we detect and change presentations, at will, we may be excused justly from doing so, by the nonfrequency of mal-presentations, confining the modern views of unnatural presentations to the shoulder. According to Riecke, this presentation occured only "10 times in 220,000 labors in Wurtemburg." Drs. Johnston and St. Clair report its occurrence "twice in 13,748 deliveries in the Dublin Lying-in Hospital." Combining English and French statistics, we have presented to us *one* in about 208 cases.

While it is proper to lay down general rules for the management of a class of cases, there are individual cases admitting of special treatment. The instruction given by the early writers, to

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change presentations not of the head, by seizing the head and pulling it down, or by rectifying obliquities of the uterus, to which wrong presentations were attributed, cannot be followed in all cases, yet, they may occasionally answer a good purpose.

Cephalic version, by external manipulation, has become a *general* rule in Germany. The plan I have adopted, combining internal with external action, an outline of which was given by Dr. Carson in the last number of the *Journal*, is being well established as a *general* rule, adapted to a greater variety of cases, and under more unfavorable conditions than any other. There are cases, however, in which the occiput may be found resting over the iliac line, and which may be made to occupy a favorable position at the brim by merely pressing the breach towards the centre of the uterus, or by the process adopted by Dr. Carson, in the case he has reported.

The article which has drawn forth these comments, cannot fail to convince those who have heretofore doubted, of the great value of cephalic version to the obstetrician, and in saving life.

Fatal Case of Chorea. By David Judkins, M. D.

Geo. L. W., aged 17 years, apprenticed to the business of type-setting, was seized seriously on or about the 14th of February, with strong convulsions, and was at once placed in the charge of a homœpath; on the 21st of the same month, I was called to the case.

I found him lying upon his bed, requiring the full strength of three men, to prevent him from doing violent injury to himself: his whole muscular system was the seat of incessant clonic convulsive movements, which were so powerful, that in spite of the united effort of his three attendants, he would be dashed against portions of the bedstead, producing severe contusions of the head, face, superior and inferior extremities. His face had a dusky and bluish aspect; his eyes were injected; the pupils dilated. The globes of the eyes were involved in incessant movements—bi-lateral—and the eye-lids were in constant agitation. The convulsive movements seemed to commence in the muscles of the eye and face, and were thence distributed to all the other muscles of the body; but were more violent in the left lateral half, and he exhibited a strong tendency to roll over to the right. There was almost constant oscillatory motion of the head—the muscles of the thorax and

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diaphragm partook of the disorder to such extent as to seriously impair the respiratory act—the action of the heart was intermittent, with exaggerated impulse. As far as could be ascertained, his intellect was not impaired; when, in his calmer moments, a question were asked him, he would manifest, by expression of face, intelligence, and evidently strive to reply, but this effort at volition would instantly throw him into violent convulsion. He could not co-ordinate the muscles necessary for the act.

The reflex act of swallowing could be performed, provided the drink or food could be conveyed into the pharynx beyond the control of the voluntary muscles. If a moment of calm were embraced to introduce food into his mouth, the slightest voluntary effort on his part instantly induced the wild disorder of the muscular system of animal life. He was allowed to inhale chloroform, which quickly suspended the terrible disorder, but of course this was but temporary, but cutaneous injection of atropia produced no marked effect.

Death took place by exhaustion, in about twenty hours from the time of my first visit—no post-morten examination could be had.

COMMENTS.—Fatal cases of uncomplicated chorea are rare, and this fact renders the case of Dr. Judkins the more interesting. Very few authors make mention of such a result from exhaustion of motor power. Romberg remarks, p. 66, 2d Vol., *Diseases of the Nervous System:* "Death rarely takes place in chorea from exhaustion resulting from the extreme consumption of motor power."

Dr. Aitken says he had an opportunity, when Pathologist to the Glasgow Infirmary, of examining a case of chorea, which terminated fatally after a most violent attack, the acute symptoms lasting ten days. Few details are given, but we infer death ensued from exhaustion. Of the post mortem appearance in the case, we will speak when the cases below have been mentioned. In Vol. IV, 2d series of *Guy's Hospital Reports*, 1846, is a "Digest of 100 cases of chorea," drawn up by Dr. Hughes, of the Hospital. It embraces a period of more than thirty years, and includes many cases, of which chorea was only a complication. Of the hundred cases, three were fatal. Only one of these is given in detail, and it was fatal from exhaustion in 40 hours after admission to the hospital. It had been under treatment about 14 days, and had no complication. The case seems to have been one corresponding in its symptoms

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and course with Dr. J.'s case. The treatment consisted of sulphate of quinine and zinc in the beginning; towards the end morphine was given in a half grain dose without effect; wine was used freely; opium, 1 gr., was given soon after, with the effect of producing relief for ten minutes.

In Vol. I, *Guy's Hospital Reports*, 3d series, 1855, Dr. Hughes gives another Digest of 209 cases, with seven fatal, five of which were uncomplicated, and death ensued from exhaustion. Post-mortem inspections were made in all but one of these, and also in the one case detailed in the first series. Dr. Hughes sums up his conclusions, as to the 2d series, as follows: "The first circumstance that attracts attention in the preceding table, is the fact of all the five fatal cases of the disease, properly so-called, occurring about or past the period of puberty; and that, of the five, three were females and two were males. They all occurred within a space of less than three years."

"It may next be observed, that of the four cases examined after death, and actually dying from chorea, the brain was not found to be diseased in any one, and simply congested in two out of the four; and that, in but one out of the four was there observed any obvious or organic disease of the cord or of its membranes. In all of the four examined there existed disease of one or other of the valves of the left side of the heart. As to the abdomen, nothing in reference to chorea appears to be worthy of remark in any of the cases. The genital organs appear to have been excited unusually in three. Six days was the shortest period of duration.

Dr. Hughes has collected altogether, in two tables, eighteen fatal cases, of which two were not examined after death. "The ages of those whose decease resulted from chorea itself, excluding a child, aged 10, two aged 11, and including twelve cases, were all those of persons who were approaching to or had actually arrived at, or had passed the period of puberty, and varied from fifteen in the female to twenty-five in the male. Nine were female, and six were male, including the three children.

In reference to the morbid anatomy of the disease, as shown by the fourteen cases in which post-mortem examinations were made, the summing up is as follows: "Disease of some kind was observed within the cranium in ten cases, and the brain and its membranes were found quite healthy in four; in six of the fourteen cases the spinal cord was not examined; was, when examined, found quite

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healthy in two, softened in two; and that it, or its membranes, were otherwise diseased, whether from congestion or adhesion, in four cases."

As to the chest, of sixteen cases examined after death, while suffering from chorea, the organs were not mentioned in two, were healthy in two, and more or less diseased in twelve cases; in eleven out of these twelve there existed a diseased condition of the sigmoid, or auriculo-ventricular valves.

Of the abdominal organs, in sixteen cases, those organs were reported healthy in four, the liver was large or congested in six; intestines congested in four; the kidneys in an abnormal condition in four, and the stomach ulcerated in two instances. Of the seven females who had arrived at, or near to the period of puberty, the organs of generation were not noticed in three; the ovaries were turgid and congested, or there was undue excitement in four cases.

As the post-mortem examination of the brain in Dr. Aitken's uncomplicated case was more carefully and minutely made, and more in accordance with the recent methods of investigation, than in the case of Dr. Hughes' summary, we give an abstract of its results. It showed decided change in the corpora striata and thalamis optici. "The specific gravity of the corpora striata and thalami optici was different on the two sides of the brain; those on the right side being 1.025, and those on the left 1.031. The vascularity, also, of these central parts of the brain, when compared with the gray matter of the spinal cord, which was healthy, was so well marked as to leave no doubt of its abnormal increase. Microscropic examination confirmed the existence of increased vascularity, for numerous capillary vessels, in abundance, existed in every section examined. Some of these were irregularly dilated, as in a varicose condition, and were filled to a greater or less extent with red corpuscles of the blood. The amount of granular substances in these parts of the brain, on both sides, appeared to be greater in proportion to the fibrous substance than in the same parts of the healthy brain with which I compared them." This case was fatal, after a most violent attack lasting ten days.

Luys, in his work on "*Recherches sur le Systeme Nerveux cerebro-spinal sa structure, ses Fonctions et ses Maladies,*" Paris, 1865, speaks thus of the pathological anatomy of chorea: "It results indeed from a certain number of observations, that these peculiar motor troubles appear specially in cases where the net-work of pedun-

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cular fibres (of the cerebellum) has been injured in its continuity, and when the region of cerebellar activity has been more or less directly involved. It is thus that lesions of the inferior peduncle at the point where they are flexed forward to form the gray substance of the bulbar region; those of the middle peduncles, at the point where their terminal expansions become the gray substance of the protuberance; those of the superior peduncles, at the point where, in intercrossing, they pass under the tubercula quadrigemina, are equally apt to produce choreal movements.

He refers in a note to "the remarkable work of Vulpian and Charcot on *Paralysis Agitans*," in which there is a series of anatomical, physiological and pathological proofs, designed to prove that the regions of the bulb and protuberance are the regions of the nervous system especially concerned in the production of choreal phenomena. On page 585 of his work are given four cases with post-mortem inspections, in which the above-named regions were variously diseased.

Dr. Hughes observes justly that "those who witnessed these cases, or who have witnessed other similar fatal cases of chorea, will, we think, agree with us, that trivial and almost laughable as it is in its ordinary aspect, chorea when of the severest character, is one of the most lamentable nervous diseases to which humanity is liable. Compared even with tetanus and hydrophobia it is in some aspects more dreadful. In those the spasmodic motions, though terrible, are at any rate intermittent. An interval of quiet and comparative ease exists, and the patient in the acute forms of tetanus and in hydrophobia, is ordinarily carried off suddenly in one of the paroxysms. But in chorea of an extreme and fatal character, not only are, during wakefulness, the spasmodic movements incessant, and the arms, legs and body, eyes, mouth and neck, in a continued state of contortion, twisting, turning and grimace, till the body becomes sore, the limbs bruised, and often excoriated; but an imploring, piteous expression exists on the countenance; the lips are bitten; the mouth bleeds; an occasional involuntary cry or squeak is heard, and the poor patient is, unless accidental complications occur, and they are not frequent, carried off by sheer exhaustion of the vital energies. We say this advisedly, after the observation of several cases, and with all deference, notwithstanding the opinion of Romberg to the contrary." Those who saw the case of Dr. Judkins, will be apt to concur in this expression and description.

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In *Clinical Histories, with Comments*, by Dr. Day, London: 1866, p. 104, is given the history of a case of fatal chorea. It can not be called an uncomplicated case, for there was a predominant rheumatic element or influence. It occurred in a boy aged nine, who had had two years before acute rheumatism. He died on the sixteenth day of his attack "completely exhausted, though retaining consciousness almost to the moment of his death." The post-mortem account states "there was nothing about the brain and its membranes to call for particular notice." "The coverings of the spinal nerves, and the nerves themselves, presented the following singular appearances: Just at the point where the nerves are seen to emerge through the intervertebral notches, they seemed pinched, almost as if tied by a ligature, whilst at this spot their membranous covering was at least four times as thick as it normally should be, so that it appeared to form a complete stricture, whilst both before and behind this constriction there was ample evidence of inflammatory action."

The influence of syphilitic and rheumatic states, and the effect of lead-poisoning, in producing various nervous symptoms, are well-known. The possibility of the last condition having a share in the causation of chorea in Dr. Judkins' case, was spoken of by the Dr., and is worthy of consideration in connection with its history; but there was no time for the treatment appropriate to that state when he came into his care.

Dr. Day makes the following comments upon his case, p. 112: "Now between those cases of chorea which are so easily arrested, and those which are so refractory and fatal, there must be, of necessity, either the operation of some different cause, or the cause, if the same, must be modified by some peculiar conditions. To my mind the difference consists in this, that in the milder and more yielding forms there is mere functional disturbance, the result, most probably, of sympathy, without any active inflammatory action; while in graver attacks there is *always* going on a local lesion of a severe character. There has always been a very wide difference in the *kind* of spasmodic action in the two forms I refer to. In the milder and sympathetic state, the movements, although certainly spasmodic, have been grotesque in their manner, giving one a sort of feeling that they were rather exaggerated natural motions, with a shade of *controllability;* whilst in the severer forms all control is evidently gone, and the spasmodic affection seems to partake almost of the nature of tetanus." W. C.

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Croup.—Translated from Niemeyer's Lehrbuch der Speciellen Pathologie und Therapie. By SAMUEL NICKLES, M. D.

[Continued from March Number.]

Symptoms—(continued.)—The circumstance that children frequently perish of croup who present, during life, the phenomena of extreme dyspnœa, but in whom, after death, neither pseudo-membranes, nor considerable swelling of the mucous membrane, or submucous tissue, is found, has been the occasion of the opinion that in these cases the narrowing of the glottis is due to a spasmodic contraction of the laryngeal muscles. This opinion, however, contradicts physiological and pathological facts: wherever we observe an intense inflammation of mucous or serous membranes, we find not only the submucous and subserous areolar tissue, but also the muscles covered by the inflamed membrane, pale and infiltrated with serum. It is, *a priori*, not to be supposed that muscles in this condition are capable of morbid contraction, and *Rokitansky* affirms outright, that the pale, relaxed, infiltrated muscular tissue in croupous inflammations falls into a state of paralysis. That muscles in this condition do indeed lose the power to contract, is shown by the intercostal muscles in pleurisy, which bulge out, because they are *paralyzed;* by the intestinal muscles in peritonitis and dysentery, diseases in which the peristaltic motion of the part of the intestine whose serous or mucous covering is inflamed, ceases, because the intestinal muscles lined by the inflamed membrane are *paralyzed.* These, and many other analagous observations, render it highly improbable that the laryngeal muscles, when covered by an intensely inflamed mucous membrane, should be, not paralyzed, but rather in a state of spasmodic contraction. That paralysis of the laryngeal muscles may produce dyspnœa, is shown conclusively by the section of the pneumogastric nerve, performed on young animals for quite different reasons; indeed, the dyspnœa arising in consequence of these experiments so exactly resembles that which we have described as belonging to croup, is attended with the same protracted whistling inspiration, etc., that the similarity of the two conditions must strike the unbiassed. But a consideration of the anatomy of the glottis in childhood, can leave no doubt that in all cases in which it is not actively expanded.

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during inspiration, by muscular action, it will be narrowed and closed by powerful inspirations. The triangular space which the base of the arytenoid cartilages incloses, by being prolonged forward and inward, is absent in childhood. The base of the arytenoid cartilages has in children no extension; the glottis forms from before backward but a small chink, bordered by the membranous expansions of the vocal cords. As these membranes are directed obliquely towards one another, the chink must become narrowed, and finally closed, if, during a forcible inspiration, the air in the trachea becomes rarefied, unless the glottis is simultaneously dilated by muscular action. In every larynx taken from the bodies of children, the glottis may be closed by strong suction exerted at the free end of the trachea.

As it is of the most vital importance in the therapeutics of croup, to decide whether the glottis is narrowed by pseudo-membranes, or whether paralysis of the laryngeal muscles, produced by œdematous infiltration, is the principal cause of the dyspnœa, we should carefully observe whether inspiration and expiration are equally difficult, or whether inspiration is laborious and whistling, while expiration is easy. In the first case, the glottis is narrowed by false membranes, and the entrance as well as the exit of the air is rendered difficult; in the latter case, muscular paralysis is the cause of the dyspnœa; the pressure of the air from the nasal and oral cavities closes the glottis during inspiration, if the air in the trachea becomes rarefied, but expiration remains unimpaired, because the expired air presses asunder the vocal cords, muscular action not being necessary for this purpose. Finally, let us remember that the crico-arytenoidei postici muscles, which produce the expansion of the glottis, are most easily paralyzed when the pharyngeal mucous membrane covering them is implicated in the inflammation. Hence it follows that those cases of croup—which alone the French consider true croup, those cases in which croup membranes are detected on the pharyngeal mucous membrane—are by far the most dangerous cases.

The wide gaping of the glottis during inspiration, when the laryngeal muscles act normally, which I have observed as often as I have applied the laryngoscope, since I first advocated that paralysis of the laryngeal muscles is the essential element of the dyspnœa of croup, has strengthened me in the conviction of the correctness of my theory.

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It is difficult to decide whether actual pain in the larynx must be added to the symptoms described. The grasping of the throat may be owing to a desire to remove the obstruction, which the child instinctively knows to be in the throat. In the beginning of the disease, the scanty expectoration rarely contains ragged concretions or coherent membranes. The pulse is usually at first full, hard, and more frequent; the face flushed, and the temperature of the body considerably elevated.

In very many cases of croup, marked remissions, often approaching intermissions, occur in the morning and in the course of the day. Towards morning the breathing becomes easier, the voice returns, the cough recurs less frequently; it is hoarse, but not soundless, the fever abates, the general condition seems almost undisturbed, and only the fine whistling and the suspicious sound of the cough, remind one of the frightful scenes of the past night. We must be on our guard not to expect too much from the remissions; for with the succeeding night there may be a return of all the phenomena, placing the life of the child in the most imminent jeopardy. The continuance of the fever, however moderate, but above all the presence of pseudo-membranes in the pharynx, must give rise to great solicitude.

Sometimes croup presents this rythmical course during the whole of its continance; supportable days are followed by evil nights; until, if it terminate unfortunately, the remissions become shorter and more imperfect, and the nocturnal exacerbations produce greater dangers. In other cases, indeed in the most dangerous cases, the phenomena of croup have from begining to end a constant course. The remission expected in the morning does not take place, and the disease may terminate fatally in the course of the second or third day,

If the disease does not improve, but, as unfortunately occurs too often in the croupous form of laryngitis, tends to an unfavorable issue, the described phenomena will be changed. The reddened face of the child becomes pale, the lips colorless, the eye, which looked about, alarmed, has a sleepy expression; not unfrequently spontaneous vomiting sets in, whilst administered emetics are ineffectual, and the child becomes insensible to sinaprisms and other cutaneous irritants. The respiration becomes shallow, and with this even the whistling sound of the inspiration frequently ceases; the child lies exhausted in an uneasy slumber; the symptoms of

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croup seem to have disappeared; the child appears to be free from dyspnœa, until after awaking from its slumber; or after having coughed, it involuntarialy tries to breathe deeply, then the glottis closes; the child, in danger of suffocation, jumps up, supports itself with its arms, looks about despairingly, renews its forcible efforts to inspire deeply, finally falls back exhausted, and again slumbers. (The same phenomena are observed in young animals whose pneumogastric nerve has been cut; respiration quite easy, when shallow; but extrmely difficult as soon as they endeavor to inspire deeply.)

These changes, which take place in the condition of the child during the progress of croup, are owing to the gradual *poisoning of the blood with carbonic acid*; and from the overloading of the blood with this gas arises chiefly the danger of this disease. It is by no means the congestion of the brain and its membranes, as is generally assumed, from which the phenomena described are to be deduced, quite as little as croup patients exhibit a cyanotic appearance, when they do not cough and compress the contents of the thorax, and thus restrain the emptying of the jugular veins. All croup patients, as long as the inspiration is difficult, *must* be pale, and, indeed are pale, until, from commencing paralysis of the heart, the arteries contain less and the veins more than the normal amount of blood, imparting a livid hue to the lips.

The blood in the veins of the thorax is under less pressure than the blood in the veins external to the thorax, as the elastic lungs have a tendency to contract, so as to occupy a smaller space, and thus to expand the vessels in relation with them. If this suction-power is increased by every deep inspiration, augmenting with the expansion of the lungs, it must attain the very highest degree, and the blood in the veins external the thorax must be drawn into the chest with great force, whenever a patient with contracted glottis endeavors to inspire deeply, and thus *rarefies the air in the lungs*. A cyanotic condition, or an interception of the flow of blood from the cerebral veins, can never result from this process; it must always produce the contrary effect.

As the interchange of gases in the lungs depends especially on the renewal of the air in the cells, the blood parting with carbonic acid, and receiving oxygen only on the condition that the air in the cells contains less carbonic acid, but more oxygen, than the blood of the surrounding caprillaries, it becomes a necessary

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consequence of the imperfect breathing in croup, of the imperfect renewal of the air in the cells, that the carbonic acid unceasingly formed in the blood cannot escape into the air of the cells already impregnated with carbonic acid. The symptoms described *exactly resemble* those which result from the inhalation of the vapor of burning charcoal. In croup, one is poisoned by the carbonic acid *produced in the body;* while in the latter case, the poison is inhaled with the air.

The condition of the circulation is different when the inspiration and expiration are equally obstructed. If the glottis is so much narrowed by false membrane that only very little air can enter into, and escape from, the lungs, and if now the inspiratory and expiratory acts are executed with all the means at command, the influence of the forced expiration, as the power of expiration is greater than that of inspiration, will preponderate over the influence of the forced inspiration on the passage of the blood into the thorax, and a cyanotic condition will indeed result. Should tracheotomy be performed in this stage, peculiar difficulty will be presented by the distended veins of the neck.

By far, in most cases which prove fatal, death takes place under the symptoms described, from gradually increasing general paralysis, the result of poisoning with carbonic acid. The access of air to the lungs is suddenly cut off, in some rare cases, by the loosened membrane falling upon the glottis, death of course resulting rapidly from suffocation.

Should croup terminate favorably, improvement will generally be gradual; a tough expectoration more or less copiously mixed with coagulated flakes, is from time to time expelled, the cough becomes easy, the voice louder, the symptoms of narcotism disappear, while the breathing becomes freer and more perfect.

But in other cases, which are by far less frequent than is usually supposed, large quantities of pseudo-membranes or even cylindrical formations, are expelled by retching and vomiting, and the breathing, extremely laborious until now, is suddenly much easier; the children are rescued from the perils of death, if a subsequent exudation does not again close the glottis, or exacerbation of the inflammation does not excite anew œdema of the laryngeal muscles.

Many children, on the expiration of the croupous process in the larynx, after it has continued for some time, perish from hyperæmia and œdema of the lungs, and from intense bronchitis.

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The proportionally unsuccessful results of trachoetomy in protracted cases of croup, depend simply on this complication, the frequency of which can readily be shown to be a necessary consequence. When the thorax expands and the air-cells augment in circumference, while air can not enter them in proportion, the air contained in the cells and bronchial tubes must be expanded, rarefied; the state therefore of the lungs and bronchial mucous membrane, in croup, is like that of the external integument upon which cups are applied; hyperæmia and increased transudation are the necessary results of the total or partial removal of the pressure from the walls of the capillaries.

[TO BE CONTINUED.]

Resume of the Gulstonian Lectures. By REGINALD SOUTHEY, M. D., Oxon. F. R. C. P.

Dr. Southey first pointed out that the original meaning of the word tubercle was simply a swelling, but that the term had gradually come to be applied to one particular kind of swelling, and thence to the substance producing it, though this substance did not in all cases produce intumescence. This substance, though ordinarily reckoned to be of one kind, was not so in reality; for what was now called tubercle was by no means identical in all cases. With regard to its origin, some supposed it was an exudation; others a metamorphosis of pre-existing tissue; others still, of the Berlin school, supposed it was a direct growth, entirely a new formation; while a fourth school held that the substance was a precipitate of lymph. Dr. Southey said that the three different kinds of tubercle ordinarily recognized had far better be separated, seeing that their common name implied that they were of the same kind, which is very far from being the case. Carswell saw this difficulty, yet declared that neither color nor form was useful in classifying the different kinds of tubercle.

Inquiring into why dissimilar forms ever came to be associated together, Dr. Southey referred first of all to the views of Rokitansky, who held that a dyscrasic condition of the fibrine of the blood was at the root of the formation of tubercle in all cases, and that this furnished the connecting link between the three kinds recognized by him. Lebert, again, held that all kinds of tubercle were

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characterized by one common feature—a peculiar kind of cell; to which, however, no such specific value can fairly be attached, since it is a product of late formation in the degenerative stage, and quite undistinguishable from an ordinary compound granular corpuscle. Virchow held that tubercle was a new growth, allied to connective tissue, whence it was derived and in which it was always found; and that it was characterized by no single element, but rather by the whole assemblage of these and the method of their association. According to this observer, there are two forms, the *cellular* and the *fibrous*, the latter of these differing from the former chiefly through the accident of its position. The cellular variety is best seen on free surfaces, where it is more or less oviform; the fibrous in dense structures. Abnormal growths continue longest in their stages of growth and decadence; normal in the stage of maturity. Tubercle can be affirmed to attain permanence in both the first and last of these states—the fibrous form in the embryonal, the cellular in the necrobiotic. Tubercle, in its typical or cellular form, is seen to greatest advantage in the fat cells of the omentum. It is heterologous by descent, proceeding by endogenous proliferation out of the connective, or rather some embryo connective tissue cell, and altogether heterotopic. It is organized, but not highly; and as to its characters, these must not be read from the stage of detritus, in which they are altogether obliterated. The typical form of tubercle can usually be best seen in tubercle of the meninges, where it seldom exceeds the size of a pin's head. As to form and shape, these would vary with situation, but it might be said that the fibrous form of Virchow corresponded with the infiltrated tubercle of the older writers. As to its origin, the shedding of cells into the fluid bathing the new tumour, had given rise to the idea that they originally existed there, and were subsequently deposited in the tissues. The tendency of tubercle, Dr. Southey said, was to fatty degeneration, but this differed from that usually seen affecting the organs of the body, the cells diminish in size, and the oil does not run into globules inside them. Moisture was deficient; hence the tendency was to produce a cheesy, friable mass.

With regard to the progress of tubercle, when superficial, as in the larynx, it was very rapid; after this came the bladder; and, strange to say, as moisture was the great thing necessary for the disintegration of tubercle, bone was third in the list. Dr. Southey then described in a most perspicuous manner, the progress of

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tubercle in other organs of the body, as in the brain, the kidney and the liver, and in its mixed form with ordinary hyperplastic fibrous tissue in the mesentery; he further showed how it never implicated cartilage, except by secondary interference with its supply of nutrition. He finally insisted on the importance of not confounding phthisis with tuberculosis, which was too frequently done, and urged that the former disease was often due to other causes, as chronic pneumonia, scrofulous ulceration, and simple abscess only in a particular tissue. The whole lecture might be looked upon as an amplification of the views originally brought forward by Virchow, and will, we doubt not, tend to bring these into more general favor.

In his second lecture, Dr. Southey proceeded to point out how, long ago, tubercle was supposed to be secreted by the glands, and that, curiously enough, the most recent opinions tended to place it among those tumors which resembled imperfectly formed glandular tissue. For a long time tubercle was confounded with the white cells of the blood; but when found in the walls of a blood-vessel, it had been supposed to originate from the granular layer of the external covering of these. The theory of a blood dyscrasia was at the foundation of all theories of tubercle, but in its history it was better to begin with the substance itself. This substance must be considered as distinctly heterologous, seeing that it originates in cells (mostly connective-tissue cells) entirely different from those which constitute its own structure. Cells might be described as originating in two ways: by cell division—*i. e.*, cleaving of the whole body, both periplast and endoplast—or by endogenous formation, when the endoplast alone divides, the periplast not sharing in the process. By the former mode homologous growth is effected, the new cells in every way resembling their parents; by the latter, heterologous formation results, as the cells might differ to any extent from their progenitors. In the latter way tubercle and cancer originate; therefore both are heterologous, consequently resembling each other in this and other respects. Thus both are accompanied by constitutional dyscrasia; both have sites of proclivity, both are hereditary, both tend to spread and ulcerate. They differ, however, in as far as cancer can grow, while tubercle has no independent power of maintaining itself. Rokitansky thought that the one excluded the other, but this is not exactly correct.

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As a tumor, tubercle is of a lymphomatous nature *i. e.*, one having its type among the normal structures, in ductless glands, as those of the intestines and the lymphatics. Tumours of this class are of two types—one hyperplastic, that is, simply excessive formation of normal elements; the other heteroplastic, whose constituent cells differ from their progenitors. To the latter type tubercle belongs. First among lymphomatous tumors comes the leukæmic lymphoma, the enlarged condition of the glands seen in leucocythæmia—really the cause, not the consequence, of the latter disease. Next comes typhoid lymphoma—the condition of the glands, especially of the intestine, in typhoid fever, and in which, as they tend to become caseous, there is an approach to tubercle. Hence, also, acute general tuberculosis might be, and often is, confounded with typhoid fever. In scrofuloid lymphoma, the next variety, the new formation is no longer of a simple hyperplastic nature; anatomically, it is related to tubercle, and might be seen in syphilitic subjects. In lympho-sarcoma there is a sarcomatous enlargement of the glands, with a scrofulous diathesis. The new formation is gray or ashen-hued, the glands are larger than in scrofula, and they seldom ulcerate or become caseous. The cervical and bronchial glands are most frequently affected in this manner. Turning to scrofula, the build of body serves to distinguish its diathesis from that of tubercle. Scrofulous people are largely and heavily built; their complexions are muddy; generally they are torpid. Those, again, with a tendency to tuberculosis are tall and thin, with small heads and muscles and fine hair, and are unusually precocious, nervous, quick and irritable. In scrofulous constitutions there is a tendency to chronic inflammation of an unhealthy character, whilst the tuberculous habit has a tendency to one special disease only. The transition from ordinary to scrofulous disease is by insensible gradations, and the whole tendency of the condition might be summed up in its producing an excessive *vulnerability* of body.—[*Medical Times and Gazette.*

On Rigid Perineum. By Dr. Beatty. From *Dublin Journal of Medical Science*, July, 1857.

The management of the last part of the second stage of labor is often attended with difficulties that demand the utmost care, and

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are productive of serious anxieties in the mind of the individual charged with the conduct of the case. This remark applies more particularly to the phenomena of parturition in primpara; though, at times, circumstances of a similar nature are found to create embarrassment in those who have already borne a child at the full period.

All persons who have been any time engaged in the practice of midwifery, are well acquainted with the tantalizing torments of a rigid perineum. Hour after hour the attendant sits by the bedside; every pain distending the soft parts seems destined to be the last; the structures, strained to the utmost, seem incapable of further resistance, yet they do resist, until finally a rent at the fourchette takes place, most commonly to a small extent, sometimes to a more considerable one, and the head of the child escapes from the pelvis. In many cases of moderate rigidity, the delivery is accomplished without any rent; but in the more obstinate cases, the greatest amount of care, exercised by the most skilful hand, will fail to prevent some amount of laceration. A knowledge of this fact should lead us to be very cautious in dealing with the reputation of the attendant who has had the misfortune of having such a case under his charge. Every man in practice is likely to encounter such cases, and in some of them no man can prevent the accident. In speaking of this subject, Dr. Denman makes the following remarks:—"That some degree of laceration should sometimes occur will not be surprising, if we consider the great change and violence which all those parts sustain at the time when the head of the child is passing through them, or that when a laceration begins it should extend through a part rendered at that time extremely thin, and suffering an equal degree of force. When the the perineum is indisposed to distend, or if, when distended, it cannot permit the head of the child to pass with facility, the anterior part of the rectum is dragged out, and gives to the perineum a temporary elongation. The true perineum, and the temporary, as it may be called, thus forming an equal uninterrupted space; if a laceration should commence at any part, it might, without the greatest care, extend through the whole.

"That kind of laceration of the perineum which commences at the anterior edge, and runs obliquely or directly backward, is alluded to in every dissertation on this subject. But there have been many instances of another kind of laceration, which may be called

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a bursting or perforation of the perineum at that part which is connected with the circumference of the anus, when the anterior part is preserved, and through such perforation, it is said, children have been sometimes expelled."

A remarkable case of this kind occurred in the practice of the late Dr. Beatty, in the year 1808, from whose case-book I now quote it: —"October 17th, 1808. I saw this patient in labor with her first child, about seven o'clock in the evening, after having had slight pains during the day with very little effect on the os uteri. I saw her again 10½ P. M., when the progress of labor appeared to be slow. While I remained with her the pains became more frequent, and in a very short time the head rested on the perineum; but what appeared strange to me was, that though the pains continued to be very severe, and the tumor caused by the head distending the perineum to increase, there was not the slightest dilatation of the os externum beyond its original size. In about an hour the head of the child was entirely expelled from the bony pelvis, and the external parts formed a bag or cap for it, which was forcibly distended at every pain. My fears for a laceration now increased so much that I thought it necessary to explain them to an intelligent woman who was with us, and to make her examine the parts, that she might be convinced of the impossibility of preventing it; at the same time I used lubricants, to satisfy the friends that I would do everything in my power for my patient. At length I found the perineum begin to chip or crack at the prominent part, and soon after give way to such an extent that the child was passed through the aperture, though it did not communicate with the os externum. The placenta was delivered through the same passage; and when I told the lady that she had had the most painful labor I had ever met with, she said she expected such, from a contraction which had taken place iu those parts when she was young, after a fever, a contraction which had almost prohibited coition.

"The os externum had left an oval mark on the child's head, which I measured, and found to be 2½ by 1¾ inches, and which was the full extent to which the vulva would yield.

"October 28th—this day examined the state of the parts, and found both the sphincters of vagina and anus entire and undisturbed, and the rectum uninjured. The patient was able to walk a little through her room. The wound was in a healthy state, and likely to heal."

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But such an accident as this is not the worst that occurs under simliar circumstances. A more frequent result is the extension of the rent, commencing in the middle and most prominent part of the distended perineum, and its prolongation through the sphincter ani behind, and the vulva before, thus throwing the two passages into one, and entailing the misery of uncontrolled defacation upon the unfortunate patient.

As I have already said, no amount of the most careful attention on the part of the medical attendant can prevent some of these extensive lacerations at times. The split will begin either in front, and run back to the anus, or into it; or it may begin in the middle and embrace both sphincters before it stops; or the head may come through the rent in the middle, and leave both sphincters untorn. In whichever of these ways the struggle terminates, the result is very calamitous, and entails a vast amount of suffering on the patient, and of trouble to the attendant in whose hands the accident has occurred, to whom the patient and her friends will attribute all the blame. These cases are, in the present day, not so lamentable as they were formerly, for plastic surgery and wire sutures enable us now to remedy the evils in a manner that would astonish our forefathers. I look back with regret to the case of a most interesting, very handsome patient, twenty-five years of age, the wife of a cavalry officer, that passed through my hand thirty years ago. I was engaged to attend her with her second child, and when her labor began I was surprised to find the perineum split into the rectum. I learned that this had happened in her first confinement, which took place before she came to this country, and, as usual, the strongest invectives were heaped upon the head of the unfortunate doctor who had attended her. Her second labor, I need not say, was easy enough, and I saw her for a long time after her recovery. But her life was miserable; she could not venture into society, for she was unable to control the passage of feces or of flatus from the bowels, and she never knew when one or the other would escape. If I then knew and could have done what I now know and can do, I would have been able to restore that young creature to health and comfort, and to that position in society which she was intended to adorn. I think it is extremely probable that cases like this are more numerous than is generally believed. Until very recently, it was too well known that nothing could be done to relieve them, and unfortunate sufferers bore their misery in silence, not wishing, naturally enough,

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to make known their infirmity when of such a disgusting and incurable a nature. Since the means of remedying the evil have been devised and successfully practised, the number of cases that seek relief has wonderfully increased; and in the last edition of Mr. Baker Brown's work on the surgical diseases of women, he gives the details of no less than 112 cases in which he has operated. When such a vast number has fallen to the lot of one surgeon, we may have some idea of the multitude that must be scattered over the empire.

Seeing, then, that extensive laceration of the perineum is of sufficiently frequent occurrence to arrest the attention; and knowing, as we do, that at times the most skilful care, as at present practised, is impotent to avert the calamity, it behoves us to inquire more particularly into the nature of such cases, and ascertain the cause of the accident, with the view of discovering some means of preventing it, more effectual than those in ordinary use. When we look back on our own experience, and read the accounts of such cases in authors who have treated the subject, we find that the condition of the parts for some time preceding the rupture is as follows:—The head of the child has escaped from all bony resistance, and is well out of the pelvis, carrying the perineum and anterior wall of the rectum before it, these parts forming a cap or bag in which the head lies. The vulva, however, remains undilated, the efforts of the uterus seem unavailing to cause any extension of that opening, and the head, which in the earlier stage of this part of the process had been driven against it, has now, by the yielding of the perineum, sunk below its level; and every pain drives it lower, so that all the force is expended in an endeavor to tear through the bag in which the head is embraced. The soft parts finally give way, often in the middle, most prominent part, and the rupture is effected. The term, rigid perineum is, in fact, hardly applicable to these cases; it is the vulva that is rigid, and its resistance that causes the mischief. It is unyielding of the vulva that is the immediate cause of the danger.

Let us now turn to nature's book, and inquire what means she adopts to escape from the difficulty in cases somewhat less exaggerated than those I have just described. In minor degrees of rigid vulva the head is enabled to take a more forward course, a greater amount of it is permitted to emerge at each pain, but the tissues will not or cannot yield sufficiently to permit the head to pass

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through; the opening must be enlarged before delivery takes place, and accordingly in a vast number of such cases, it is notorious that some fibres of the fourchette give way, and immediately the head is expelled. A great deal may be done by carefully supporting the perineum to prevent this rent going too far, but no amount of care will prevent some laceration in many of these cases. Nature I believe to be a very good doctor, and often accomplishes her ends better than the best of us, and moreover, often points out to us the right way to help her out of difficulties, if we study her proceedings, and are not too proud or too timid to imitate her.

The following case will show what can be done by taking nature for a guide:—

On the 14th of November, 1866, a remarkably fine, well-made lady, twenty-five years of age, and just nine months married, took labor at 2 o'clock A. M. I was sent for, and saw her at 8 o'clock, A. M., at which time the head of the child was well down through the pelvis, and nearly rested on the perineum. The head was covered by the still undilated uterus, the os uteri being the size of a two-shilling piece. The vulva was very small, but did not then seem rigid. The pains were natural, the os slowly dilated under their influence, and in another hour, at 9 A. M., it was fully open, and the head distended the perineum at every pain. I looked forward to a speedy delivery, and took my place by the bedside. The head came lower and lower, pushing the distended perineum before it, and at each pain a small portion of a very hairy scalp was protruded through the vulva. In this position I remained from 9 A. M. to 2 o'clock P. M., just five hours, during which time the pains were increasing and more violent, distending the perineum to a frightful extent. I wished to give her chloroform, but she refused to have it. The perineum seemed like a bag into which the head was driven with every intention to tear through it. The soft parts over the head, from the edge of the anus to the fourchette, measured nearly 3½ inches; the anus was distended at every pain, showing fully an inch and half of the interior of the rectum. During the whole of this time there was no further dilatation of the vulva, and no advance of the head forwards; the whole force of the uterus seemed to be directed towards driving the head either through the perineum or through the rectum. It became quite manifest that one or other of these must occur, for there did not appear to be the least chance of the head escaping through the vulva. When mat-

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ters were in this state, at the end of five hours most desperate struggle, I argued with myself, that if nature so often puts an end to such difficulty by the yielding of the fourchette and anterior fibres of the perineum, the best way to rescue my patient from the frightful laceration that was so impending, would be to imitate nature, and enlarge the opening of the vulva. Accordingly, seizing the moment when a furious pain, that almost drove the head through everything, had subsided, I introduced one blade of a probe-pointed scissors between the perineum and the head, and divided an inch of the soft parts. The very next pain passed the head out through the vulva with the greatest ease, without a single fibre being torn, or the slightest extension of the opening I had made. The recovery was perfect. No treatment beyond ordinary washing was adopted for the wound, which healed spontaneously, so that the nurse in attendance remarked to me some days after, that I ought to have taken measures to prevent its healing so well, for there would be the same trouble at her next labor. By this simple imitation of what nature so often does I terminated a most difficult and perilous labor, without the slightest ill result to the patient. I find, in two recent authors, allusions to an operation similar to that which I have just described. Doctor Hall Davis, in his very excellent work,* says:—"In organic or structural rigidities due to hard cicatrices from former sloughings, sometimes depending upon plastic operations extended too far forward to admit of the exit of the head, these means (chloroform, warm fomentations, unctuous applications, and warm water enemata) may fail. In two cases, last year under my care, such cicatrices were the obstacles, and not yielding to chloroform, in one a rent was inevitable, which, however, left an adequate perineum behind. In the other case, rupture being expected every moment, I summoned the surgeon who had operated, and suggested his making a slight bilateral incision downward, and outward to the extent of a quarter of an inch. This sufficed, and the child, living, immediately passed out without any extension of the incisions, which had healed in two days afterwards; thus the perineum was saved." In the last edition of the highly valuable work of Mr. Baker Brown,† he observes:—"In cases where rupture seems inevitable during delivery, Dr. Blundell recommended and practised the plan of relieving the

* Parturition and its Difficulties.—p. 13. 1865.

† Surgical Diseases of Women.—p. 10. 1866.

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tension of the perineum by a slight lateral or oblique incision during a pain, thus actually producing a laceration, but one of no moment, if it serve as intended, to prevent the tear along the median line, where it naturally takes place, and proves of serious consequence. This plan I concur with, and would practice when chloroform failed or could not be administered. MM. Paul Dubois and Chailly-Honore advocate an oblique incision of the vulva toward the perineum about a third of an inch long, either to prevent altogether the rupture of that region when much distended, or when the laceration is unavoidable, to favor it at a spot where it may produce the least mischief. The writers support their views by the history of successful cases." Since reading the above quotation I have searched through Dr. Blundell's work, and not finding any allusions to the operation in question, I inquired from Mr. Baker Brown, and he has kindly informed me, that he attended Dr. Blundell's lectures, and heard him advocate the proceeding.

I am quite sure that none of the members of the society will imagine that I undervalue the well-known means so advantageously employed to induce relaxation of the perineum and vulva, such as bleeding, antimony, chloroform, warm fomentations, and lubricants, or the protection to be obtained by careful support of the perineum; my object in this communication is to impress upon them, that in extreme cases, such as I have described, after all ordinary means have failed, and frightful injury is impending, a simple operation in imitation of what nature does will avert the danger, and place the patient and her offspring in safety.—[12*th January*, 1867.

On the Diagnosis of a Scrotal Tumor. By Mr. THOMAS BRYANT. From Guy's Hospital Reports. Third Series. Vol. XI.

In the following chapter I propose to consider the subject of diagnosis of scrotal tumors, as a whole; to describe the train of thought, as it passes through the surgeon's mind, in his attempt to diagnose a tumor of the testis; and to point out the special symptoms, or their combination, as they tend to indicate the presence of any special affection. Fully recognizing the great difficulty so frequently experienced in forming a positive opinion as to the nature of a scrotal tumor, I believe that a near approximation to truth

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may generally be made when the history of the case, and its special symptoms are carefully weighed, and I am not disposed to place among the impossible the diagnosis of a scrotal tumor, because occasionally, great difficulty may be experienced, or it may be beyond our power to form any positive opinion upon the point. There are gradations of probability in all our conclusions as to the diagnosis of any disease, a certainty untainted by fallacy or doubt, rarely being obtained; and, I take it, we are as often correct in our judgment of the scrotal tumor as we are of any other affection.

The first point the surgeon has to decide, on being consulted as to the nature of a scrotal tumor, has reference to the question of hernia. Is the tumor connected with the testicle? or has it passed down the direction of the cord, from the abdominal cavity? Should the surgeon be able to isolate the growth, at its neck, from the abdominal cavity, by the thumb and finger, the question is at once decided, for almost all scrotal tumors can be so isolated, it being quite exceptional for any to pass up the cord so far as the internal ring; rare cases of vaginal hydrocele, or hæmatocele, in which the tunica vaginalis is open up to the internal ring, forming the exception.

This important preliminary point having been decided, the nature of the growth claims our attention next.

Is it a hydrocele or hæmatocele? Is it the product of inflammation or of tubercular disease? Is it a new growth altogether, and if so, is it innocent in its nature, or malignant?

Should the tumor prove translucent by transmitted light, the existence of a hydrocele may fairly be decided, although the form of this affection may yet be doubtful. Is it an ordinary vaginal hydrocele, or is it encysted? Should the tumor be large, even, and pyriform, and should the testis be found, either by means of manipulation or by the opacity displayed at one spot on transmitting light—at the posterior part of the tumor—vaginal hydrocele may suspected; but should the testis exist in front, or at one side, and should the tumor be small, and have been of very slow growth, and should it be more or less globular, or evidently multilocular, a cystic hydrocele may probably be diagnosed. The tapping of the tumor will, however, settle the diagnosis; for in vaginal hydrocele the fluid will be more or less straw-colored and albuminous; in the encysted, it will be thin, non-albuminous, pale, and probably opal-

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escent, containing, on microscopical examination, granules and spermatozoa.

The presence of hydrocele is thus readily decided in the majority of cases, but in rare or old instances, the tumor is, at times, opaque, thus complicating the diagnosis. The history of these cases will, however, tend to throw much light upon the point, for it will, to a certainty, reveal a disease of very long standing; the tumor will be probably painless and fluctuating, and the testis will be made out in its usual position at the posterior part of the sac. Should a doubt exist, a puncture with an exploring trocar and canula will decide the question, for, in those cases, fluid will be drawn off, of a dark color, loaded with cholesterine.

We will now pass on to the consideration of tumors which are not translucent, and not hydrocele, and it is here that the surgeon experiences true difficulty in his diagnosis, for almost all the diseases of the testis are insidious in their growth, and most are painless in their development. The hæmatocele usually follows upon some strain or injury, and increases with tolerable rapidity up to a point, this change being accompanied with pain which soon subsides; it then becomes stationary as to size, and remains torpid for a variable period, when pain again appears, with other signs of inflammation. The presence of the testis is also to be made out by manipulation toward the posterior part of the organ. The surface of the tumor is always smooth, more or less oval or pyriform, and semi-elastic, or fluctuating.

The inflammatory affections of the testis have a peculiar shape, being laterally flattened; they are usually accompanied, at some period of their course, with tenderness and pain, and often associated with fluid in the tunica vaginalis. In the syphilitic inflammation, this fluid is often copious. Both organs are also generally involved, either together or at different times. The tumor is usually somewhat tender to the touch, and has a firm, fibrous feel, unlike the semi-elastic and half-fluctuating sensations given by cystic or carcinomatous disease. In very chronic cases, the testis, may, however, be perfectly painless, and will allow of any amount of manipulation, without distress; the natural testicular sensation will, also, have disappeared. In syphilitic disease, the surface of the tumor will probably be irregular, with firm fibrous outgrowths in different parts, and in the tunica albuginea.

In the tubercular affection of the epididymis or testis, there

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should not be any difficulty in the diagnosis, for the tubercular deposit, as a rule, takes place unaccompanied with any pain, or any symptom beyond that produced by its deposition. When deposited in masses,—its usual manner—it feels like some foreign body introduced into the body of the gland or of the epididymis; it is at first quite painless, and unproductive of any symptoms, these only appearing when the material begins to soften down, and excite some inflammatory action in the parts around. This tubercular material may be deposited in one or more masses, subsequently, perhaps, coalescing into an irregular induration. When suppuration takes place, the diagnosis is complete.

The cystic or simple tumors of the testis are painless from the beginning, painless as growths, as well as on manipulation, and are to be recognized by purely negative symptoms. They attract the patient's observation only from their size; can be handled without exciting pain, and are usually free from even the natural sensation of the organ upon pressure. They are slow in their growth, uniform in their outline, and more or less globular; are always confined to one gland, rarely accompanied with fluid in the tunica vaginalis, and, on being punctured, emit only a more or less blood-stained glairy mucus.

The cancerous tumors of the organ are more rapid in their development than the cystic, a year's growth, as a rule, giving a large tumor; they are likewise painless, and readily allow of free manipulation. The natural sensation of the organ, also, soon disappears. They are unaccompanied with a hydrocele, and also involve only one organ. They have a more elastic and fluctuating feel than the cystic and the inflammatory enlargements, and when their outline is unequal or bossy, the projection is generally softer than the other portion of the tumor. An exploring needle, or trocar and canula, rarely, if ever, reveals the mucoid fluid, so characteristic of the cystic or simple affections, but usually lets out blood, or the thin, creamy fluid so characteristic of a cancer. In the following table the chief points of difference in the several chronic affections of the testicle are clearly shown. I sketched it, years since, for my own purpose, and, having found it useful, think it probable others may do the same in its improved condition.

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Table of Diagnosis of Chronic Disease of the Testicles.

SYMPTOMS.	HYDROCELE.	HÆMATOCELE.	CHRONIC ORCHITIS.	SYPHILITIC ORCHITIS.	TUBERCULAR DISEASE.	CYSTIC, OR ÆDENOID DISEASE.	CARCINOMATOUS DISEASE.
Condition of tumor,	Tense, usually transparent, fluctuating,	Tense and elastic; *not* transparent; *obscure* fluctuation,	Firm, and not elastic; *not* transparent; not fluctuating unless complicated with hydrocele,	Very solid, but not elastic or transparent unless complicated with hydrocele, which is very general,	Indolent indurations in body of gland or epididymis, like foreign bodies. Towards the end these bodies soften and excite suppuration,	Firm and elastic; insidious enlargement of gland; not translucent; indistinct fluctuation,	A tense and firm enlargement of body of testis; not translucent. Indistinct fluctuation towards later stage; bossy outline; parts softer than others,
Outline,	Smooth and uniform,	Smooth and uniform,	Smooth and compressed laterally,	Irregularly nodular and very hard,	The epididymus the most frequently involved,	Generally regular, smooth and elastic; rarely bossy,	——
Position of testis	Posteriorly in *vaginal*. In front, or at side, or below in *encysted*,	Posteriorly,	Evidently an enlarged testis,	In tumor,	In natural position often half surrounded by epididymis as a half crescent.	In tumor,	In tumor,
Testicular sensation,	Present on manipulation,	Present on manipulation,	Present at first; absent after long existence of disease,	Absent altogether, except in very early stage; returns also towards convalescence,	Present,	Present at first, but soon lost,	Soon disappears,
Rapidity of growth,	Gradual, most so in *encysted*.	As a rule sudden, and after accident, at times spontaneous,	Slow,	Slow in the extreme, often hardly noticed,	Slow at first; rapid afterwards, when softening and inflamed,	*Unequal;* slow at first, more rapid afterwards,	Rapid, as a rule; slow only in the carsinoma fibrosum, which is very rare,
Size,	To great dimensions in *vaginal;* moderate in *encysted*,	Moderate,	Rarely more than three or four times natural size,	Moderate,	Moderate,	Rarely, but sometimes very large,	Sometimes very large,
Form,	Pyriform or oval in *vaginal;* globular in *encysted*,	Pyriform or oval,	Oval with flattened sides,	Irregularly oval and lumpy,	Lumpy; uneven in all its stages,	Oval, with flattened sides. Smooth at first, subsequent-bossy,	Globular or pyriform; Smooth at first, subsequently lumpy, softest at these points,
Pain,	Very slight, if any, except when complicated with inflamed testis, and in acute hydrocele. Not increased on pressure	Painful at first, and at a later stage; not so during the intermediate,	Dull pain, increased on pressure, except in very chronic disease,	Very slight, allows rough handling. Towards end of disease, on recovery, pain on pressure returns,	Very slight pain or tenderness, except when pressed hard or inflamed,	Slight when present; generally painless even on manipulation,	Very slight even on free manipulation

Table of Diagnosis of Chronic Disease of the Testicles.—CONTINUED.

SYMPTOMS.	HYDROCELE.	HÆMATOCELE.	CHRONIC ORCHITIS.	SYPHILITIC ORCHITIS.	TUBERCULAR DISEASE.	CYSTIC, OR ÆDENOID DISEASE.	CARCINOMATOUS DISEASE.
Manipular indications,	Like fluid, vibrates on palpation,	Firm and solid,	Firm and solid, unless associated with hydrocele,	Very hard and irregular outline. Often hydrocele with small fibrous bodies in tunica albuginea,	*At first* as if foreign bodies existed in the parts, lumpy. *At last* soft before suppuration,	Firm and elastic, more so in one spot than another	Firm but elastic; softer on the bosses, when present,
Seat of its commencement,	In *vaginal*, at the lower part of the tumor. In *encysted*, at the upper,	—	Evidently in body of gland,	Always in body of gland,	Generally in epididymis; occasionally in body of gland.	In body of gland,	Body of gland,
Cause,	No recognized cause,	An injury or strain, rarely spontaneous,	Injury; or idiopathic,	Constitutional syphilis, hereditary or acquired,	Tuberculosis.	Unknown,	Unknown; occasionally on injury,
Progress,	Has a tendency to remain tranquil, and not to inflame, unless injured,	Has tendency to inflame and suppurate, and not to remain tranquil for long,	Slow growth; rarely, but at times ends in suppuration,	Essentially chronic: rarely terminates by suppuration;	Very indolent and insidious; tends to inflame and suppurate after an uncertain period,	Unequal; never inflamed,	Rapid as a rule; rarely slow,
Condition of cord,	Free and healthy,	Healthy,	Often full and tender on manipulation,	Free,	Healthy,	Healthy,	Full; veins enlarged,
Results of tapping, exploratory or otherwise,	Straw-colored, serous fluid in *vaginal*; limpid, opalescent in *encysted*,	Blood fresh, or broken up with pus.	—	—	—	*Mucoid fluid*, more or less blood-stained,	*Blood* or *creamy fluid*, with characteristic cell-growth on microscopical examination,
Condition of inguinal and abdominal glands,	Free and healthy,	Healthy,	Healthy,	Generally indurated,	Generally indurated,	Rarely involved,	Generally involved,
Complications,	Inflamed testicle,	None, unless hydrocele, or injured testicle,	Occasionally with hydrocele,	Hydrocele, almost always. Other syphilitic affections,	Rarely with hydrocele. Disease in other parts of body,	Rarely with hydrocele,	Cancer on other parts; rarely with hydrocele,
Organs involved	Occasionally double,	Never double,	Generally both organs, either separately or together,	Often both organs.	Both organs, as a rule, involved,	Always single,	Single as a rule.

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Extracts from the Proceedings of the Obstetrical Society, of Berlin. Translated by J. C. REEVE, M. D., Dayton, Ohio.

At the session of October 23, 1866, Dr. Scharlan reported a case of

RUPTURE OF THE UTERUS.

The patient was twenty-four years old, in labor the second time. In August, 1863, after a severe labor of several days' duration, she was delivered, with the forceps, of a dead child. Measurement of the pelvis, at that time, gave a difference of two centimetres (.78 of an inch) between the two oblique diameters, and showed it to be somewhat narrowed in antero-posteriorily.

On the 4th of September last, the labor began at 6 o'clock in the morning; the waters broke on the 6th, when the os was but little dilated; on the 8th, a practitioner was called to attend her. During the evening of this day, the patient made extreme voluntary effort to assist herself. On the 9th, at 3:30 A. M., the pains suddenly ceased, after one of great severity; and the head, which, until then, had rested at the brim of the pelvis, with considerable tumor of the scalp, receded upwards. Dr. S. saw her at 7 o'clock, A. M. In the abdomen, at the level of the umbilicus, a round body could be felt, contracting upon pressure; the percussion sound around it, tympanitic; high up in the abdomen, and immediately beneath the parieties, parts of the child could be felt; blood was issuing from the genitals; at the brim of the pelvis, the head lay in the second position, and easily movable. Measurement of the pelvis showed a difference of two centimetres between the two oblique diameters; antero-posterior diameter, eight centimetres (3.15 inches); therefore an obliquely deformed pelvis, narrowed in its conjugate diameter. The diagnosis was: rupture of uterus, with escape of the breech of the child into the abdominal cavity, shown by the physical signs, and sustained by the continuous escape of blood, and the state of general depression of the patient. The fœtal heart-sounds were not perceptible.

Immediate delivery being imperative, the reporter thought it could be best effected by the cephalotribe, and made an attempt with Martin's fenestrated instrument. On account of the high position of the head, and its movability, it could not be surely grasped, and upon turning the screw, to approximate the blades,

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they began to slip. A second trial likewise failed. Nothing then remained but version, which would gladly have been avoided, if possible, because the return of the child through the rent would undoubtedly increase it; and this procedure, therefore, added to the gravity of the prognosis, which was already bad enough. Passing the left hand beyond the head, it entered the abdominal cavity through a large opening, and keeping in contact with the body of the child, the operator found the right foot in the epigrastic region, and slowly and carefully effected version, retracted the breech, and brought down the arms; the head could not be delivered, on account of the pelvic deformity, until the cephalotribe had been used. The child, a female, weighed six pounds and ten ounces. The placenta was easily delivered, and the uterus contracted well.

Immediately after delivery, an ice-bladder was placed on the abdomen, the catheter was directed to be used three times daily, and the most perfect quiet, and avoidance of all errors of diet enjoined. The next night was sleepless, said to be on account of frequent after-pains. At 10 o'clock the next day, the temperature was somewhat increased, pulse 96, uterus contracted, lochia normal, scarcely any tenderness of abdomen. In the course of the day, vomiting of greenish matters began, on account of which, small doses of opium were ordered. In the night, the vomiting increased; and as the patient did not retain the iri opii, at 11 o'clock a sub-cutaneous injection of one-sixth of a grain of morphia was made in the epigastric region, after which the vomiting ceased, and sleep followed. The ice applications and use of catheter were continued. In the afternoon of the following day, the condition of the patient was satisfactory, temperature and pulse-frequency somewhat increased, very moderate meteorismus. On the 12th, the condition was the same; during the night vomiting had recurred, for which the morphia injection was repeated; meteorism and tenderness moderate, temperature moderately increased, pulse 100, uterus well contracted, lochia normal, sensorium unaffected; all of which was also observed by Dr. Martin, who visited the patient in company with the reporter. Notwithstanding the most stringent directions as to quiet, toward evening the patient had her bed changed; soon after this, she began to be delirious, and died on the 13th, at three o'clock in the morning.

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The post-mortem examination showed blood over the intestines and uterus, a clot weighing half a pound lying in the utero-rectal fossa, the peritoneum injected, but without exudation; the rent was mostly in the neck of the uterus, as is usually the case, the os being unaffected; it ran from left to right, and from above, downward, part of the way extending through the peritoneum, and part of the way concealed by this membrane; its entire length was 5.19 inches. The pelvis was obliquely deformed—its left half presented a marked contrast with the right, the symphisis of the pubis being pushed over toward the right. The following are the principal measurements, reduced to inches: antero-posterior, 3.34; transverse, 4.72; left oblique, 4.33; right oblique, 4.64.

In his remarks upon the case, Dr. S. said he would not undertake to decide the question whether a tissue-change of the uterus had been the cause of rupture or not; the fatty degeneration of fibres shown by the microscope might have been a physiological, instead of a pathological product, considering the period at which the woman died. He called attention to the fact that the pelvis was smaller in its left half than in its right; nevertheless the first labor was accomplished with safety, although the occiput had to pass this smaller part; while, in the second labor, the head being in the second position, and thus more favorably situated, the rupture occurred. A point of prime importance as to the cause of the accident, appeared to him, could be found in the extreme voluntary efforts of the patient, exercised before the os was dilated, and by which a continuous bruising of the neck of the uterus against the pubis was produced; a cause which had also been assigned by Prof. Martin, in a similar case, reported at a previous session.

Dr. Gusserow referred to the ample statistics of Trask (*Am. Journal of Med. Sciences*, 1848 and 1856), upon the treatment of rupture of the uterus. According to this authority, 78 per cent. of the mothers died under expectant treatment, 68 per cent. after delivery by the natural passages, and 24 per cent. when gastrotomy was performed. In such cases, therefore, this operation should be resorted to.

Dr. Spiegelberg referred to the collection of cases by Von Franque, in which those treated by gastrotomy all terminated fatally.

Prof. Martin said that, in his opinion, the operation of gastrot-

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omy would only afford favorable statistics when limited to cases in which the child had entirely escaped into the abdominal cavity.

Dr. Spiegelberg read the following

OBSERVATIONS UPON INCISIONS OF THE NECK OF THE UTERUS, AND OF THE UTERINE MUCOUS MEMBRANE, AS A MEANS OF CHECKING THE HÆMORRHAGE RESULTING FROM SUB-MUCOUS FIBROIDS.

Hæmorrhage is well known to be the severest symptom of submucous fibroids, and the one for which our assistance is the most frequently required, and whose treatment causes us the most anxiety. Although we were, up to a recent period, almost powerless to control the hæmorrhage in these cases, where the removal of the cause could not be effected, we possess now not only a safe mode of treatment, but one which is generally satisfactory, moderating the loss of blood, and often stopping it entirely, although generally for but a limited period. I allude to injection of the cavity of the uterus, especially when Routh's and Savage's plan of first dilating the cervical canal is followed.

Another means of checking the hæmorrhage, also claimed to be without danger, was proposed a few years ago by Baker Brown, (*London Obstetrical Transactions, III*, 1862); it consists in incision of the mouth and cervical canal of the uterus, and I call your attention briefly to this mode of treatment, and the more readily because it had been found efficacious by Nelaton and by McClintock, (*Clinical Memoirs*, p. 149.)

Brown and McClintock divided the external orifice and vaginal portion of the cervix deeply; that they carried the bistoury higher up I can not find stated in their reports. It appears to me probable, however, that they did, in view of the results obtained, for from this simple division of the cervical portion which I performed at first in some cases, according to Brown's directions, I have never observed the slightest influence upon the hæmorrhage. On the contrary, since then I have treated five cases of broad-based submucous fibroids, by division of the mucous membrane to and above the interior os with favorable results. In three of the cases decided improvement and cessation of the hæmorrhage followed; but in these three cases the tumors came down to within a short distance of the inner os, while in the two in which the operation was without benefit they were situated high up towards the fundus. This difference of result depending upon difference of situation of the

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tumor is explicable when we consider the way in which these incisions act in checking the hæmorrhage. It is not, as Brown maintains, in consequence of a contraction of the body of the uterus about the new formation, rendered possible by the division of the uterine cervix, that the hæmorrhage ceases, but certainly only in consequence of the relief of tension of the mucous membrane effected by its division, and the retraction, contraction and atrophy of its vessels, which are the source of the flow following thereupon. If now the fibroid projects down to the internal os, the incision divides the stretched and vascular mucous membrane, but if not it remains intact, and in this case the operation fails.

In calling your attention to and recommending this mode of operating, so beneficial in cases adapted to it, and so void of danger, I will take the liberty of describing, in conclusion, the manner in which I proceed. I first dilate the os with sponge tents sufficiently to admit the index finger; upon this I introduce a probe-pointed bistoury with a long handle, and straight or curved, as may be necessary; I carry the blade into the cavity of the uterus about half an inch, never more than an inch, and bringing it back with gentle pressure, divide the mucous membrane to a depth of about a line down to the external os uteri. Two such incisions, opposite to each other, are sufficient; I do not carry the bistoury farther into the uterus than an inch, or at least do not incise farther than this, because of the danger of cutting beyond where the finger can watch and guard the knife. To allay the bleeding and to prevent union of the divided parts, a dressing of oiled lint is firmly applied, by means of a uterine sound, and renewed, daily, for a few days.—*Monatsschrift fur Geburtshulfe.*

BIBLIOGRAPHY.

Medical Bibliography: 1866.—We invite our readers' attention to the complete list of Medical Publications, both American and English, for the year 1866, placed in this number of the *Journal* by our Publishers; such a list must be of great interest and value to the profession.

In this connection we can not speak too well of the large collec-

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tion of American and English medical works kept in stock by ROBERT CLARKE & Co., and of their unsurpassed facilities for the importation of foreign works: we speak with perfect freedom on these points, for we have not any personal interest in the matter, and knowing whereof we affirm, from actual observation and experience, we feel that physicians will be grateful for this information, and will often gladly avail themselves of the advantages thus offered. T. P.

Nouveau Dictionnaire de Medicine et de Chirurgie Pratiques.

The publication of this work was commenced in Paris in 1864, and has reached its fifth volume. Among the names of the editors we find Denuce, Alf. Fournier, Giraldes, Gosselin, Richet, Nelaton, Ricord, Langier, Liebreich, Tardieu, Trousseau, and others—a sufficient guarantee that when completed it will form one of the most valuable works ever issued from the French press. The articles appear in alphabetical order, and as the fifth volume has not reached the letter "C," it is evident that considerable time must yet elapse before this great work can be completed. Under the various definitions given, complete monographs follow. For example: Under the term *Articulations*, we have about two hundred pages; under *Ascites*, over fifty pages; and under *Asthma*, one hundred and fifty-seven pages. Richet devotes one hundred and eighty-six pages to *Aneurism*, and each article concludes with a most complete bibliography. As an evidence that the contributions of our own country have not been overlooked, we may mention that M. Richet, in discussing the value of the treatment by manipulation, as proposed by Sir William Fergusson, from page 343 to page 349, makes frequent reference to the case of femoral aneurism which we successfully treated some ten years since in the Commercial Hospital of this city, and in which we combined with manipulation, compression and the use of veratrum viride. Indeed, the work thus far seems to form an exception to many hitherto published in Paris, and which seem to have been written by the authors as if they truly believed that out of that renowned metropolis, little worthy of note had been recorded. The work when completed will contain a most comprehensive summary of the present state of our knowledge in every department of the healing art, and will truly constitute just such a *Dictionary of*

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Practical Medicine and Surgery, as every physician acquainted with the French language must desire to have in his library.

G. C. B.

The Half-Yearly Abstract of the Medical Sciences, &c. Vol. XLIV. July—December, 1866. Republished by H. C. Lea, Philadelphia: 1867. Robert Clarke & Co., Cincinnati. Price $1 50.

American physicians may be congratulated that they are once more favored with the reprint of "Ranking's Abstract." If any doctor is so busy that he can read but a single volume a year, be a mere *unius libri*, then, assuredly, he should make this his book; for here are collected and condensed the most valuable contributions to periodical medical literature—French, German, British and American—for the year; and, on the other hand, no physician—it matters not how wide the range of his reading—can fail to find, in this volume, truths that will enlarge his medical knowledge, and precepts that will help him in some of his daily professional needs.

T. P.

On the Action of Medicines in the System. By F. W. HEADLAND, M. D. Fifth American from the Fourth London Edition. Lindsay & Blakiston, Philadelphia: 1867. Robert Clarke & Co., Cincinnati. Price $3 00.

It speaks well for this volume that it should pass so rapidly through so many editions. This is the substance of the commendation that we have read in foreign journals. Heartily concurring in this, we wish also to add that the demand thus exhibited for Dr. Headland's work, speaks well for the medical profession—well for it in its present attainments, and for its future progress. To the teacher of therapeutics, no matter whether he accepts in whole, or only in part, its distinguished author's teachings, the work is invaluable; while its diligent perusal and faithful study by the busy practitioner, can not fail to make him more intelligent and successful in his life-business; and with such growing intelligence and success the practice of medicine will cease to be, if it was before, a wearisome drudgery and a tiresome trade, and become more and more a joyful labor and a noble profession.

This edition is but little changed from the last—indeed, we think some other additions and discussions might have been given; nor are we quite satisfied with more than one theory Dr. Headland

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presents—nevertheless, taking it all in all, we must believe his book is one of the most valuable contributions of this century to rational medicine. T. P.

The Renewal of Life. Lectures Chiefly Clinical. By THOS. K. CHAMBERS, M. D. Second American from the Fourth London edition. Lindsay & Blakiston, Philadelphia: 1867. Robert Clarke & Co., Cincinnati. Price $5 00.

This invaluable work ought to receive a warm welcome from every medical man in the country. The rapid exhaustion of all former editions in England, indicated their merits and appreciation by the profession in that country. This contains six hundred pages, and is divided into over fifty chapters; each a clear, terse, practical, and highly instructive, as well as entertaining monograph on the disease to which it refers. The young practitioner who yearns for more knowledge and skill, and every earnest and inquiring lover of his profession, will make this book his first companion as he enters his library, until it has been read and re-read; and if, as he often does, he finds himself puzzled and doubting, at the bedside, he will be solaced with the thought that to its pages he can look with confidence for a clearer understanding of his case, and its proper management, if the malady be one treated of in either of its chapters, or illustrated by any of the great number of cases referred to in them. So attractive is the author's style, that the reader is equally interested and profited by its perusal. In this edition, Dr. Chambers more than sustains the high reputation heretofore won in former editions, and in his excellent book, issued a few years ago, on "Digestion and its Derangements." The motto, "Renewal of Life," is a key to its objects, or rather its philosophic tenor, assuming that disease is deficiency of vital action, and that treatment should be directed to its renewal. It is elegantly executed and bound, and has an index unusually full and convenient. T. P.

OBITUARY.

Died—At East Cleveland, Ohio, on the 28th of March, Prof. JOHN DELAMATER, aged 80 years.

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Thus has death severed one of the few links which connect us to a past generation; taken from the world a good man, and from the ranks of the profession one of its brightest ornaments. The passing away of such a man demands more than a passing notice. It is not only appropriate to record his labors and sketch his career, but his high professional standing, his wide-spread reputation as a lecturer and teacher, above all, his spotless character as a man, and his many private virtues, demand recognition, and acknowledgment that an influence always exerted for the benefit of the profession may be extended and perpetuated.

Dr. DELAMATER was of French extraction, as his name indicates; he was born in Duchess county, New York, in the year 1787, and very early in life manifested an ardent desire for the study of medicine. At that early day the opportunities for preliminary and professional education were not plenty or easy of access; but all obstacles were overcome by earnest and determined effort, and he commenced the practice of his profession when not more than twenty years of age, having been licensed, according to the laws of the State of New York, on the 1st of December, 1806. He has continued in practice ever since that time, and his public professional career may be sketched as follows: In 1823, he lectured on Materia Medica and Pharmacy in the Medical College at Pittsfield, Massachusetts, and during the three years following was Professor of Materia Medica and Obstetrics at the same institution. From 1827 to 1837, he lectured on Surgery at the Medical College of Fairfield, Herkimer county, N. Y.; and from 1837 to 1839, on the Theory and Practice of Medicine, and on Female Diseases; and for the term of 1839–40 on Obstetrics. From 1841 to 1843, both years inclusive, he was Professor of General Pathology, and Materia Medica in the Geneva Medical College. While holding the above appointments, and previous to the year 1842, he also delivered six courses of lectures on the Principles and Practice of Medicine in the Medical School of Maine, connected with Bowdoin College; three courses on the same subject, and one course on Materia Medica at Dartmouth College; one course on Surgery, and one on Obstetrics, in the University of Vermont. In the year 1835 he came to Cincinnati, but resided here only a short time; he lectured during one winter on Surgery, at the Medical College of Ohio. Shortly after this time the University of Willoughby was established, and Dr. DELAMATER was appointed Professor of Obstetrics and of the The-

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ory and Practice of Medicine. He lectured upon those branches in that institution until 1842, when, with some of his colleagues, he was instrumental in founding the Cleveland Medical College, as the Medical Department of Western Reserve College; he removed to Cleveland at that time, and has resided there ever since, lecturing upon Obstetrics and Diseases of Women and Children every winter until within a few years past, when the increasing infirmities of age compelled him gradually to withdraw from public duties. In 1860, the degree of Doctor of Laws was conferred upon him by the Western Reserve College.

A glance at the positions he filled will show at once that he must have been a man of more than ordinary attainments and ability. Probably few men, anywhere, certainly none in the west, have occupied so many different positions as a medical teacher, lectured upon so many different subjects, or have been directly concerned in the instruction of so many medical students. Some of the institutions had very large classes of students for years in succession, and to all of them his name was a pillar of strength. As a lecturer, he was methodical, careful and clear; aiming to impress the knowledge, and the importance of the knowledge, without making any effort at rhetorical flourish or ornament; always dignified and refined, his manner impressed upon young men entering the profession, what he daily inculcated, the honor of their calling, its solemn responsibilities, and the duty of conscientious effort to master its knowledge.

As a man his character may be said to be without reproach. No one probably ever availed themselves more of the abundant opportunities afforded by the practice of medicine for charity to the diseased and afflicted than did Dr. Delamater. To the promptings of a kind heart, in this regard, must be added the influence of a religion, which with him was neither a sentiment nor a fashion, but a reality, for daily guidance of life and conduct. That it governed his inner life as well as regulated his actions, there is no doubt: but few men have been called upon to suffer more severe domestic trials and afflictions than was he. As a single instance, it may be mentioned that he once said his wife was such an invalid that, during a period of twenty years, there was not a single night in which she did not require his services! Yet he was never heard to murmur or complain. The writer of this can bear testimony to the calmness with which he bore some of the most severe strokes of sorrow.

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We may well grieve at the loss of such a man. As a practitioner and teacher of medicine, as a citizen, and as a Christian, he was an honor to the profession; his life and character furnish an example which it would be well for the young to follow. R.

MISCELLANY.

Surgeon-General McDermont's Report, and Dr. Reeve's Endorsement and Deductions

MESSRS. EDITORS:—In the February issue of your excellent JOURNAL, I find a communication from your accomplished correspondent, Dr. J. C. Reeve, heartily endorsing the recent Report of Surgeon-General McDermont, with extracts which are worthy of serious consideration.

If the statements and conlusions of this Report and communication are correct, we certainly have, as a profession, a very important reformatory work on hand. If these gentlemen are mistaken, either in their facts, their reasoning, or their conclusions, it is at least proper that their errors be pointed out.

It is proposed to confine attention to a few paragraphs, which, that no injustice may be done, are inserted in full:

"The eminence accorded to Ohio surgeons for skill and fidelity in the late war, was not due to any merit in our system of medical education, but to the faithfulness of the Examining Board.

"The gentlemen composing this Board were distinguished for integrity, patriotism, and professional ability. Animated by an earnest zeal for the efficiency of the service, they recommended for appointment only those who possessed the requisite qualifications. None but graduates of regular medical schools were admitted to examinations, and yet *over eighty per cent. of these were rejected for incompetency.* The ignorance betrayed by many of the candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity."

To this quotation Dr. Reeve adds:

"*From this official record there is no appeal; from this evidence, furnished by stern experience, there is no escape; and the testimony is as damning in character as it is overwhelming in weight. Neither can*

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the deduction from the facts be avoided, and it is plainly made by Dr. McDermont, to whom the profession is indebted for the origin of this bill, and who has recommended, in his Report, the establishment of a Board of Examiners for times of peace as well as war."

Then follows another question containing the quotation here endorsed by Dr. Reeve: "If it was the duty of the State, as all concede, to provide competent physicians for the the soldiers, it is no less a duty to make similar provisions for the citizens; *and yet those rejected candidates, with hundreds of others equally incompetent, are now scattered over the State, pursuing their fatal trade with criminal recklessness.*"

The *italics* in all the above quotations are ours. With the question of protective legislation, for the present, the writer has nothing to do.

It is proposed to confine attention to the statement of facts and conclusions, and the denunciation thus officially promulgated, and heartily endorsed.

And here it it necessary to insert a bit of history.

In 1861, soon after the commencement of the war, the Legislature passed an act devolving it on the Governor to appoint a Board of not less than three competent surgeons, to examine applicants for the position of surgeon or assistant surgeon, in the regiments to be organized; and prohibiting the Governor from appointing any except such as this Board should examine and approve: Governor Dennison appointed Prof. Geo. C. Blackman, Dr. L. M. Whiting, and the writer hereof, as the first board, under this act. After a few weeks, the Governor, as a matter of convenience, and to facilitate the public business, reorganized the Board, so that it might all be at the capital. The new Board consisted of the venerable Dr. Wm. M. Awl, Prof. S. M. Smith, and the writer. Of both these Boards the writer was secretary.

Before a single examination was made, it was determined, for the protection of the rights, feelings, and interests of all concerned, to make the whole thing a matter of record.

About 30 questions were prepared by each Examiner. These were printed on a large sheet, with blanks for written answers. All the accepted candidates were assembled in the Hall of the House of Representatives. Each was provided with a separate table, stationery, and successively with his three blank sheets, and was required to fill them in the presence of all the Board, without referring to

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books, communicating, or leaving the room. The blanks being all filled, the Board had the means of leisurely preparing a graduated list of all the candidates.

The first Board held two, and the second three, public examinations. The secretary filed away the certificates of standing, graduation, etc., and the filled sheets of each candidate, in a large envelope, duly sealed and labeled. These are now, with the exception of a small package in his possession, thoroughly systemized, and in a state of perfect preservation. So far as these examinations are concerned, he is prepared to give the exact official facts and figures, and no one else is.

And now for the record:

These Boards, acting during the year 1861, admitted 330 candidates to examination, under their rules. Of these—five, after attempting, more or less, to answer the questions, withdrew; nineteen failed to appear; 306 undertook to pass the ordeal; forty-two were admitted to a second examination.

And now as to the result: and here an explanation is called for. At that time it was impossible to foresee the wants of the service. Applicants seemed to be in excess, and the Board established and maintained a higher standard than it probably would have felt justified in, if the extent of these wants could have been foreseen. Two mathematically graduated lists—one of surgeons, and one of assistants—were the result of each of these examinations. These lists were handed to the Governor, and unfortunately no permanent record of them was kept. We are obliged, accordingly, to open these envelops, and copy the summing up of each sheet, or rely upon the roster, as published in Surgeon-General McDermont's Report, for the result. But many of these who were not successful with the first and second, applied to subsequent Boards. The object at present, is to state exactly what was the final result with these 306 candidates. Making no account of such as may have entered the National Guard, the three, or six months, or any other than the three years service, the result is as follows: Whole number approved as surgeons, and assistant surgeons, by the first, second, and subsequent Boards, 263; Whole number rejected 43. Of the successful a word: The great body of them were graduates of the medical colleges of our own State. Three were graduates of European Universities. The graduated lists were nearly all headed by the graduates of some one of our Ohio medical schools. Most of those approved as

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assistants, were promoted to surgeons. Twenty-one were promoted to brigade surgeons. Now a word as to the 43 unsuccessful. Three, four, or five, were graduates of European Universities. Two, who were each twice examined for assistants, failing as often, went to Washington, were examined, and appointed brigade surgeons. Three others whom the rules of those Boards debarred from examination, did likewise, and with the same result. A considerable proportion of the residue are personally known to the writer as successful and worthy physicians, and respected and honored citizens.

More than 85 *per cent. of these* 306 "*graduates of regular medical schools,*" "*admitted to examination,*" *were approved and commissioned.*

Less than 15 *per cent* "*were rejected for incompetency.*"

And from this statement of "the official record there is no appeal," except to the record itself: "from this evidence furnished by stern experience there is no escape:" and it is respectfully suggested to those worthy gentlemen to decide, at their leisure, whether, so far as the pivotal point—the "more than 80 per cent" part of this report is concerned—there is anything of "damning character," and "overwhelming weight" about these figures. From the beginning of the year 1862, the examination of surgeons devolved upon others, and the writer had nothing to do with it. That it was well and satisfactorily done, this Report of Surgeon-General McDermont very fitly attests. The writer disclaims all pretension of knowledge as to the facts and figures of these latter examinations, except as furnished by this Report. Accepting for the present, the definite statements therein made as correct, let us see to what conclusions they lead. The number of regimental surgeons, excluding brigade and contract surgeons, is stated on page 4, to have been: of regimental surgeons 287; assistant surgeons 649; making in all 936 approved by the various Boards of Examiners. This number, represent, on this basis of "more than eighty per cent rejected," less than one fifth of all examined. The number of the examined, accordingly, must have exceeded 4,680. The number of the rejected must have exceeded 3,744: and "these rejected candidates," probably exceeding by more than half a thousand all the "graduates of regular medical schools" in the State, "with hundreds of others equally incompetent," are thus officially denounced as "scattered over the State, pursuing their fatal trade with criminal recklessness."

And this official pronunciamento finds, in your worthy corres-

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pondent, a hearty indorser. To err is human: a blunder—even an official blunder—should, perhaps, ordinarily be veiled with the mantle of charity. So we are disposed to treat the errors of this Report. But in so doing, we do not propose to lose sight of the fact, that, at a time when the profession of the State merits only plaudits, in terms, though evidently unintentionally, it reads the great body of the profession out of respectable standing, and denounces them constructively as criminals; that it assumes to be a State document, the "Report of the Medical Department of State;" that as such it will find a lodgement in the archives of the State; to err at such a time, under such circumstances, to such an extent, so unnecessarily, professedly in the interest of reform and advancement, and in apparently profound obliviousness of the magnitude and importance of the interests at stake—we leave for those worthy gentlemen themselves, after mature deliberation, to characterize in just such terms as they may deem fit and proper.

J. W. HAMILTON.

Columbus, O., March 26, 1867.

Case of Mal-presentation. By ISAAC U. ROSENTHAL, M. D., Fort Wayne, Indiana.

I was called upon to attend Mrs. W., who was in confinement. Labor-pains, which for four hours had been very severe, had ceased about half an hour before my arrival. It was impossible to determine the nature of the presentation until after the escape of the liquor amnii, when I distinctly felt the occiput presenting. Pains were re-established by the use of ergot; and I then found one hand and one foot encircling the previously presenting part. The hand and foot were restored to the cavity of the uterus, and delivery was soon accomplished. The child was partially asphyxiated, the cord being wound twice around the neck, and then passing under the arm. Pressure-marks afterward showed it to have been the left foot which presented. Probably this curious presentation was caused by the large size of the pelvis, and an unusually large quantity of liquor amnii.

I consider this case interesting, on account of its rarity, and the difficulty of diagnosis attending it—one naturally expecting to find twins in such presentations.

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Rhigoline.

MUNCIE, Ind., March 26, 1867.

EDS. JOURNAL:—The enclosed slip I found in the Oskaloosa (Iowa) *Herald*, of March 21. This is the first instance I have seen any account of, in which *Rhigoline* has been caused to explode from the stimulus of light alone. If the account is true, as I see no reason to doubt, must we not regard it as an agent requiring great caution, or possibly one for which we had better substitute ether?

Respectfully, G. W. H. KEMPER, M. D.

"SERIOUS ACCIDENT—ALMOST.—Dr. M. L. Jackson recently procured a newly invented compound—prepared for dental operations—called *Rhigoline*, which will explode if exposed to the light for any considerable length of time; he placed it in a dark room, and supposed all was safe. On Thursday last, while engaged in his office, he heard an explosion in the dark room, and rushed in to see what had happened; he found the room full of gas, and made for the outer door. He succeeded in getting out, and closing the door behind him, when he fell insensible upon the floor. Upon the return of consciousness, he made a careful examination, and found that the window-shade had been partially drawn aside, admitting a ray of light which struck the bottle containing the dangerous compound, and hence the explosion."

Early Menstruation. Communicated by W. A. SIMMONS, M. D., of Boonesboro', Iowa.

I was recently called to give my opinion in a medico-physical point of view, in relation to the following case:

M. F. P., aged eight years, of short stature, fair skin, nervous-sanguine temperament, commenced to menstruate at the age of *seven years* and seventeen days, and has had a catamenial discharge regularly every lunar month since that period—one year.

The mental and physical signs usual at such times in menstruating women, are well marked. She is rather larger than girls of her age, and usually healthy. The mamma are developed but slightly more than ordinarily, and no other signs of puberty. They are people in ordinary circumstances, and have not been surfeited

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with the good things of this world, *exepting* plenty of out-door exercise.

Query—what is the cause, and will it prove deleterious?

Prize Essays.

As evidences of the tendencies of professional thought and work in Europe, we give some of the topics proposed by different learned bodies, for prize essays and questions:

The Belgian Academy of Medicine announces, among others, the following:

"Cancers called surgical, especially regarded from a therapeutical point of view"—a gold medal of 1,200 francs.

"A chemical and pharmaceutical examination of *Tanacetum Vulgare*"—medal of 500 francs.

"Examine what are the functions devolving upon the various portions of the encephalon, taking as the basis of these investigations, experiments on living animals, clinical and necroscopic observations, and the conclusions furnished by histology and comparative anatomy," an extensive inquiry—medal of 1,500 francs.

"The chemical history of digitaline"—medal of 500 francs.

All called for by April, 1868.

We notice also in the same number of *Medical Times and Gazette*, February 16, that a "Society of Experimental Therapeutists" has been formed in Paris, "the chief purpose of which is to ascertain, through experiments made on living animals, the real properties of active drugs, which clinical observations on the human subject can not always determine with a sufficient degree of scientific accuracy. Some interesting communications by Dr. Moreau, the physiologist, on the action of belladonna, were discussed at the first meeting. The leading members are Prof. Trousseau, Dr. Pidoux, Dr. Gulneau de Mussy, Dr. Gubler, Dr. Herard, etc." Prof. Trousseau's "Clinical Medicine" abounds in the manifold use of belladonna.

The French Academy of Medicine proposes for 1867 and 1868 the following, among other prize questions:

"The clinical history of fibro-plastic tumors"—value of prize 1,000 francs.

"The different varieties of melanosis"—1.000 francs.

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"The best memoir on external pathology"—1,000 francs.

"Sanguineous effusions into the substance of tissues"—1,000 francs.

"Tumors of the encephalon and their symptoms"—600 francs.

"The best memoir on internal pathology"—1,000 francs.

"To establish by numerous exact and satisfactory facts, in man and animals, which pass from one climate to another, the alterations and modifications of function, and the organic lesions which are attributable to acclimatization"

Prize for 1870, and, as with the others, open to French and foreign physicians.—*Archives Generales*, January; 1867.

The Gulstonian lectures will be upon the "nature and affinities of tubercle," by Dr. Southey.

The Croonian lectures will be upon "The states of lung commonly comprehended by the term Pulmonary Phthisis," by Dr. Andrew Clark. Dr. Clark is a well known worker in this department of practice, and contributes his experience through various channels, among others, the London Hospital Reports.

The Lumleian lectures will be by Dr. Russell Reynolds, the Editor of the "System of Medicine," now in course of publication, and Dr. Burdon Sanderson, who is investigating the "Sphygmograph," and is now publishing his experience in the *London Lancet*. The respective subjects will be, "On certain points in the relation between medical and legal practice," and "On the mode and duration of the contraction of the heart in health and disease."—*Medical Times and Gazette*, Feb. 16, 1867.

Paris Faculty of Medicine.

It is admitted, even by the French press, that the glory of the Paris Faculty of Medicine is rapidly on the wane; that the vacancies caused by death, and the resignations of Bouillaud, Andral, Cruveilhier, Trousseau, Piorry, Grisolle and Jobert, are likely to damage irreparably the celebrity of the school. The majority seem to favor the re-establishment of the *concours*, but M. Guerin, it is said, although once its advocate, now entertains grave doubts of its efficacy. We copy from the *London Times and Gazette*, November 10, the following remarks of this surgeon:

"The *concours* is not fitted either to render justice, or to lead to the discovery of truth in the regions of elevated science; it is a means, rather, for bringing into prominence merits of a secondary order—information, memory, and the talent for exposition; but it

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excludes all superiority and originality. Employed for nominations to the lower, or even medium grades, it is fitted to render evident that which is still in a latent condition. It may educe good pupils, and even those who may become masters; but it prevents the discovery of the masters themselves, and directly closes the door to their admission. In fact, it has not been sufficiently observed that for a *concours* we must have judges, and the judges furnished by schools are not more disposed to favor the advance of those opposed to them by this channel than by the mode of election. It is a truth of all times, that learned bodies, entrusted with the recruital of their numbers, no matter by what mode, only summon those who are partisans of their ideas, doctrines and practice. This truth is disputed only by those who are giving proof of its exactitude. It is true, as has been said, that the *concours* may be improved by a better selection of the juries; but still it will be the *concours*, and we maintain that meditative, original, and independent intellects will be scarcely disposed to manifest their superiority in this fashion. The preponderance which the Faculty has always accorded to abilities of a second rank, has stifled in its germ merit of quite another character."

M. Guerin proposes, as a substitute, that the Minister of the Interior should make choice of a candidate from three presentations made to him—one by the Academy of Sciences, another by the Academy of Medicine, and a third by the entire medical body of Paris.

We find in a recent number of the *Medical News and Library*, the following reference by Trosseau to his own resignation:

"When, well nigh thirty years ago, I was nominated a Professor, and went to call upon Orfila, he said to me: 'Will you have the courage to do what I have decided upon doing? I am one of the most popular of the Professors of the Faculty, and in all probability shall continue to be so for a good while yet, but as soon as I reach my 65th year, without waiting until the public ceases to follow me, I shall retire.' I will engage to do the same, I replied, and you may rely upon it, I shall not attain caducity in my chair. I have kept my word; for having just attained my 65th year, I have sent in my resignation. Let younger men come on, and if we all acted thus, our Faculty, although deprived of that grand institution, the *concours*, would recover its former splendor. The labor of practice is already oppressive for more than sexagenarian shoulders—that of teaching is impossible." B.

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Should Cradles be Suspended or Supported?

The views of an old author are thus given, on this question:

"As the fœtus, hanging in the uterus of the mother, from the umbilical cord, is easily shaken this way and that, while the mother moves her body; hence it has been, not without reason, believed that new-born children delight in such an oscillatory motion, for which reason they laid children upon cradles, that they might enjoy this gentle exercise, and be more and more strengthened. Daily experience teaches us that the worst-tempered children are soothed by this gentle motion, and at last sink into a sweet sleep. But it is requisite that that shaking of the cradle should be gentle and equable. For which reason Maschion has said, 'Let the cradles either hang by cords, or have their feet and sides so contrived, above and below, as to be easily moved to either side.' The cradles that hang by cords are the best of all, as they may by a slight force be moved equally, and without noise. At the same time the motion communicated to these cradles is imperceptibly diminished, and at last ceases without any concussion."—*Van Swieten, in Bœrhave's Aphorisms, section* 1353.

Indiana State Medical Society.—Our Indiana readers will please remember that this Society will hold its annual session in May, convening on the third Tuesday of that month. We wish that the physicians throughout the State would heartily labor to make it one of the most largely attended and best meetings ever held by this industrious organization. T. P.

The editorial comments on the "Trial for Malpractice," by Dr. Prince, will be continued in the next Number.

To Subscribers.—Those who do not receive the *Journal* regularly, will please notify the Publisher promptly; and the Publisher kindly notifies some subscribers that their subscriptions for 1867 have not yet been received, while a very few—entirely from forgetfulness, we are aware—have actually neglected to pay for the year 1866: doubtless such delinquents will at once contribute to the financial success of the *Journal*, and to their own happiness by a prompt remittance.

Errata.—The writer makes no boasts as to his chirography, and is not the least incensed when printers declare that his manuscript is the worst that comes into their hands; but he is sensitive in regard to his orthography, and as to the accuracy of his quotations. Therefore we beg our readers to substitutes *causas* for *animo* on p. 181, March number of the *Journal*, and *Pædatrophia* for *Pædeirtrophie*, on p. 182. T. P.

Through neglect in not paging the manuscript, the item "Circular No. 6," on page 190, of March number, was detached from its proper place, at the end of Dr. Blackman's Good Samaritan Hospital Reports, page 160.

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THE

CINCINNATI JOURNAL OF MEDICINE.

MAY, 1867.

A Case of Poisoning, by Sulphate of Morphia, treated by Belladonna; with Remarks. By J. R. Weist, M. D., Richmond, Ind.

At 11:45, A. M., April 2, 1867, I was requested by Dr. Jas. F. Hibberd, of this city, to see Mr. W——, æt. 50, who was supposed to be suffering from a poisonous dose of sulphate of morphia. Upon inquiry, we learned, that the patient had been, for several days, taking pills of sulphate of morphia, each containing $\frac{1}{6}$ of a grain of the salt, in order to obtain relief from a neuralgia affecting his left side; that on the preceding day, he had obtained a new supply of the pills, and that between 5 and 10, P. M., he had taken, two or three times, an unknown number of them. At 11, P. M., his wife becoming alarmed at his stertorous breathing, and finding herself unable to arouse him, sent for Dr. H.

Upon visiting the patient, we found the following symptoms: Patient lying upon his back; respiration stertorous—10 to the minute; comatose, although by persistent shaking, and loud talking, he could be roused for a brief period; skin pale, rather cool, and bathed with perspiration; pupils much contracted, although not to a point; pulse 120, and of moderate strength. Upon consultation, we did not deem it advisable to exhibit an emetic, or to institute any treatment whatever, with the exception of the administration of belladonna. This was given, in the form of Thayer's Fluid Extract, using a specimen that had previously proven itself to be an active and reliable article.

At 11:20, A. M., condition of patient remaining about the same as above described, four drops of the medicine were administered. At 12:40, condition the same; two drops more of the belladonna given. At 1, the roughest treatment failed to rouse the patient in the least degree; pulse feeble, 128 to the minute; skin cooler;

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other symptoms as before; two drops more of the belladonna given. At 1:30, still profoundly comatose; pupils contracted to a mere point; pulse feeble, 138 to the minute; respiration stertorous, with marked whiffing sound on expiration, 8 to the minute; slight convulsions, occurring almost continuously, the spasmodic action being mainly confined to the muscles of the trunk and arms; administered two drops of the belladonna. At 1:50, condition remaining the same, the belladonna was repeated. At 2:30, the convulsions ceased; pulse 128, with more strength; respiration less labored; capillary circulation more active, and a slight red flush of the face indicated the action of the belladonna; pupils remained unchanged. At 3, the convulsions had not returned; pulse 120, and stronger than before; pupils slightly dilated; skin warm, and *very red;* stertorous breathing and coma still continued. At 4, his general condition was about the same; pupils less contracted; pulse 130; skin warm, and red; respiration less stertorous, 12 to the minute; gave three drops of the belladonna. At 5, skin very red; the pupils had regained about their normal size; pulse 100. Upon roughly shaking, and sharply speaking to him, he roused up sufficiently to say: "What's the matter, Doc.?" but immediately relapsed into stertorous slumber.

At 6, his pulse was 112; in other respects his condition remained unchanged. At 8, he could be momentarily roused up, without much difficulty; his skin still remained very red; the pupils were, perhaps, a little more dilated than before; the respiration quiet and natural. At 11, he was awake, but still very sleepy; he could talk, but seemed to have no very definite idea of what was the matter with him.

At 5 in the evening, he was sitting up; had taken some coffee during the afternoon, which was immediately rejected by the stomach; complained much of itching and tingling of the skin; also of dryness about the throat.

During the following night, he was unable to sleep, while every thing swallowed immediately induced vomiting. The inability to sleep, together with the rebellious condition of the stomach, continued for thirty-six hours longer, after which recovery rapidly followed.

It is much to be regretted that it is impossible to determine the amount of morphia taken by this patient; for, could this be done, the case would be an important one from which to draw conclu-

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sions, in regard to the reputed antagonism existing between opium and belladonna; for this case—unlike most others, reported for the purpose of proving the antidotal powers of belladonna, in cases of opium poisoning—is neither complicated, nor rendered obscure by the variety of treatment adopted. Whatever may have been the amount of morphia taken, it is very evident that it was sufficiently great to seriously endanger the patient's life.

A belief in the existence of antagonistic qualities, between opium and belladonna, is, by no means, of modern origin. Pena and De Lobel, in a work, entitled *Stirpium Adversaria Nova*, published in London, in 1570, relate that certain Italians, for the purpose of exciting the wonder of the common people, were in the habit of giving portions of the root of the belladonna, the evil effects of which were averted by administering a compound containing opium. Horstius, in his *Opera Medica*, published in 1661, relates the case of a man, who, having been poisoned by swallowing the inspissated juice of the belladonna, recovered after taking *theriaca*, which contained, among the seventy-two ingredients entering into its composition, a little more than a grain of opium to the drachm. Faber, in his work on *Strychnomania*, published in 1677, reports thirteen cases in which belladonna lenies were swallowed; eleven of these cases presented the usual symptoms of belladonna poisoning; two of the number died. Ten of the cases were treated, principally, with theriaca. M. Boucher, of Lille, in 1766, published two cases of poisoning by belladonna lenies, one of which was in a state of coma, and the other delirious, to whom preparations of opium were administered. In 1810, Joseph Lipp published an inaugural dissertation, in which he reports several cases of belladonna poisoning, treated by the use of Sydenham's laudanum. Giaconimi, in an article, published in 1839, in the *Encyclopedie des Sciences Medicales*, says that opium has always been found useful in the treatment of poisoning by hyoscyamus, strammonium, and belladonna. In 1854, Dr. Thomas Anderson, in a paper read before the Physiological Society of Edinburgh, remarks, that in consequence of the suggestions made by Dr. Graves, that an agent which would dilate the pupils might, perhaps, be given with advantage in cases of coma with contracted pupils, in low fever, he determined to administer belladonna in cases of opium poisoning, and reports, in detail, two cases so treated with success.

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Since this period, numerous cases of opium poisoning, treated by belladonna, and belladonna poisoning, treated by opium, have been reported. Dr. Norris, in a paper published in the *American Journal of the Medical Sciences*, for October, 1862, presents, in a tabular form, all the reported cases up to that time, of which he had been able to collect the details. He gives the details in relation to twelve cases of opium poisoning, treated by belladonna. In these cases, the amount of the poison taken varied from a decoction containing two poppy-heads, to seventy-five grains of sulphate of morphia. The belladonna was given in various forms, and varied in amount from $\frac{16}{100}$ of a grain of the hydro-alcoholic extract, to f℥i of the tincture, and twenty grains of the extract. Three cases died, and nine recovered. Fourteen cases of poisoning, by belladonna, treated by opium, are reported, the quantity of poison varying from two lenies, to f℥i of *succus belladonna*, (a very concentrated preparation,) and the amount of opium administered, from $\frac{1}{2}$ grain extract of opium, to twenty-eight grains of opium. All the cases recovered, except one. Four cases of poisoning by atropia, treated by opium, are given. The amount of atropia varied from $\frac{1}{3}$ to $\frac{1}{4}$ of a grain, and of the morphia given, from $\frac{1}{8}$ of a grain to $\frac{1}{2}$ grain doses, in quick succession.

The following Tables contain a summary of all the cases published since—with sufficient details to make them of any value—that I have been able to find. It is true that quite a number of other cases have been reported, but in so vague and uncertain a way that they cannot be tabulated.

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Cases of Opium Poisoning treated by Belladonna.

NO.	AGE.	AMOUNT OF OPIUM TAKEN	CONDITION OF PATIENT.	AMOUNT OF BELLADONNA GIVEN.	RESULT.	AUTHORITY.
1.	3½ mos.	Tea-spoonful and a half of paregoric nearly one-half stronger than tinc. opii cam., U. S. P.	Narcotism: deglutition difficult: pupils contracted to size of a small pin's head. Child only kept aroused from stupor by severe and continued agitation.	40 drops tinct. belladonna, in 10 drop doses every 15 minutes; first dose of belladonna administered about six hours after taking the poison.	Recovered. After last portion of belladonna, pupils dilated to double, and an hour later, "to triple the former size."	Downs. Phil. Med. and Surg. Reporter, March 3, 1866, from Trans. N. Y. State Medisal Society, 1865.
2.	35	Tincture opii. ℥ss. = 18¾ grains of opium.	Profound stupor, from which she could not be roused; pupils contracted to size of pin's point.	℥ji. tinct. belladonna at once, afterward gr. vi, of extract in two grain doses every 20 minutes.	Recovered; 8 hours after taking last dose of belladonna, pupils were natural, and consciousness complete.	Mr. Louis and Dr. Jones, published as above.
3.	Not given. Woman	Tincture opii, ℥ss. = 56¼ grains of opium.	"All the symptoms of opium poisoning present."	Tinct. belladonna 90 drops, 30 drop doses, repeated every half hour, (emetic had been previously administered.)	Rapid recovery. No indications of having taken belladonna.	Wm H. Thompson, reported as above.
4.	Not given. Soldier.	Tincture opii, ℥ij. = 75 grains of opium, afterward smoked one grain of opium.	Three hours afterward was comatose: pupils contracted. "Slightly spasmodic."	Tinct. belladonna, 140 drops, in 40 drop doses every half hour, until 120 drops had been taken; half an hour later, the remainder.	Recovered, entirely, in a few hours after taking the last of the belladonna, without any signs of its action remaining.	Same authority as the last.

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Cases of Opium Poisoning treated by Belladonna.—Continued.

NO.	AGE.	AMOUNT OF OPIUM TAKEN	CONDITION OF PATIENT.	AMOUNT OF BELLADONNA GIVEN.	RESULT.	AUTHORITY.
5.	Not given. Soldier.	"Tinct. opii, more than an ounce."	An hour afterward, drowsy; face flushed; pulse low; pupils much contracted; hands twitching; tendency to convulsions.	Ext. belladonna, gr. iii. in ¼ grain doses, repeated every half hour.	Recovered. "Two hours after first dose of belladonna, the pupils had dilated; pulse and skin natural, and able, shortly after, to go on duty."	Hackley. Published as above.
6.	Not given. Child.	Tincture opii, 1 teaspoonful.	An hour after taking poison, comatose and incapable of being roused.	Tinct. belladonna, 60 drops, in 10 drop doses every hour.	Recovered.	Garrish. Published as above.
7.	Not given. Man.	Opium x grs.	In an hour afterward, was in a semi-comatose state, pupils contracted.	Tinct. belladonna, 60 drops, in 20 drop doses every hour; emetic had previously been given.	Recovered.	Same as above.
8.	Not given. Man.	Tincture opii, ℥ji. = 37½ grains of opium.	Two hours afterward, pulse feeble; pupils contracted; stertorous breathing, and could not be roused.	Tinct. belladonna, 90 drops, in 20 drop doses, every hour; emetic before taking belladonna.	Recovered.	Same as above.
9.	11.	Tincture opii, ℥j. = 56¼ grains of opium.	Comatose; breathing stertorous; pupils contracted to a point; lower jaw dropped; tongue in constant motion. Respiration, six to the minute.	Ext. belladonna, 16 grains, in solution, in three hours; stomach-pump and galvanism also used.	Complete recovery.	Dr. P. Lucas. Amer. Jour. Medical Sci., April, 1865. From Times and Gazette, Feb. 25, 1865.

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10.	Not given. Woman	Morph. Sulph. gr. v.	Six hours afterward, was in a complete state of insensibility; pupils contracted; breathing stertorous; skin cold.	Tinct. belladonna, ℥i., ʒiv. given in doses of ℥i. every half hour.	After last dose of belladonna, the pupils were dilated, breathing more natural; rapidly recovered.	J. L. Prentiss. Chicago Med. Journal, Dec., 1866.
11.	59.	Morph. Sulph.	Four hours after taking poison, was intensely pale; pupils unaltered; pulse 170, and very feeble; was in a condition of stupor, but could be aroused.	5½ hours after taking morphia, ℥i. tinct. belladonna, (by enema,) afterward nearly v℥. tinct. belladonna, by mouth, in three doses, ½ gr. atropia, by subcutaneous injection in 1-12 gr. doses, after first dose of tinct. belladonna, by mouth; stomach-pump, galvanism, &c.	Recovered.	S. W. Mitchell. N. Y. Med. Journal, Nov., 1866.
12.	16.	Morph. Sulph. quantity unknown, estimated at iv grains.	Comatose; respiration almost imperceptible; pupils contracted to size of pin's head; pulse 80, and very feeble; extremities cool; face livid and congested.	Hypodermic injection of ¼ gr. sulph. atropia at two doses, supposed not to have been absorbed.	Died 13 hours after taking morphia.	D. W. Prentiss. Amer. Jour. Medical Sci., April, 1867.

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Cases of Belladonna Poisoning treated by Opium.

NO.	AGE.	AMOUNT OF POISON TAKEN	CONDITION OF PATIENT.	AMOUNT OF OPIUM ADMINISTERED.	RESULT.	AUTHORITY.
1.	2	Ext. belladonna, quantity unknown.	Six hours afterward pulse strong: pupils greatly dilated; delirious.	Tinct. opii, 12 drops in doses of from 2 to 3 drops. Emetic previously given.	Recovered.	Macnamara. Amer. Jour. Medical Sci., April, 1863. From Dublin Quar Jour. Med. Science, Feb., 1863.
2.	Not given. Man.	Atropia Sul., ⅛ to ¼ gr. in solution.	Delirious; pupils dilated to the utmost degree; tongue swollen and projecting between the teeth; "required five men to place and hold him on his back."	One-fifth gr. morph. acet. injected into right temple; two hours after, ¼ gr. was used in like manner.	Recovered.	Dr. V. Schmidt. Ophthalmic Review, Jan., 1865.
3.	2½	Atropia Sul., half grain in solution.	Half an hour afterward, pupils largely dilated, insensible to light; tongue and lips red and dry; spasmodic action of muscles; limbs cold; skin covered with an eruption resembling scarlatina.	Emetic of sulph. zinc, first given half an hour after ½ grain of opium, "repeated in ¼ grain doses, several times, at intervals of half an hour."	"After several doses of the opium had been taken, the eruption faded, and the pupils regained their normal size; slept some time, then waked up, well."	Woods. Cin. Lancet and Observer, Oct., 1864.

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When an attempt is made to sum up all this evidence, it is, by no means as easy as would first appear, to decide how far it is proven that opium and belladonna, when taken in poisonous doses, counteract each other; for, in most of the cases, other methods of treatment were practiced, by the use of which alone, an equal number of cases of opium and belladonna poisoning, have been conducted to a successful termination. In deciding the question, it is, therefore, necessary that we should determine how much of the success has been owing to other treatment practiced, and not to the antidotal qualities of the drugs in question.

It is argued, "that in opium poisoning, belladonna, in doses which, in a state of health, would certainly poison, may be administered with impunity, and be followed by a rapid subsidence of the symptoms produced by the exhibition of the former drug, and *vice versa;* that opium rapidly and safely counteracts the poisonous influence of belladonna." This argument loses much of its force when it is remembered that large doses of both opium and belladonna have been taken without the usual effects following. For example: Dr. A. S. Taylor, in *Guy's Hospital Reports*, Oct. 1850, reports a case in which five ounces of laudanum were taken, without producing sleep, and the patient recovered. Dr. Hays, in the *American Journal Medical Science*, April, 1859, reports a case, where a child, not quite six years old, took 7½ grains of opium, mixed with an equal quantity of chalk. The child was seen fourteen hours afterwards, and was found restless and drowsy; no vomiting had occurred, and the narcotism, which was never very profound, gradually wore off. Dr. Fuller, in the *Medical Times and Gazette*, for July, 1859, reports a case where a child, ten years old, took seventy grains of extract of belladonna, daily, and a total amount of rather more than two ounces, in twenty-six days; and another, fourteen years old, who took thirty-seven grains of atropia in eighteen days! Examples of a similar kind might be multiplied, were it necessary. The evidence, certainly favors the conclusion that these poisons do antagonize each other, but the testimony is mostly circumstantial, and not of that unequivocal kind required to establish a fact in science. To set the question at rest, it is necessary that a series of carefully conducted experiments be made, from which every element of doubt and uncertainty shall be rigorously excluded. Much has already been done in this direction. Drs. Mitchell, Keen and Morehouse, published, in the *American Journal Medical Science*, July 1865, an ar-

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ticle "*On the Antagonism of Atropia and Morphia; founded upon observations and experiments made at the U. S. A. Hospital for injuries and diseases of the nervous system.*" In these experiments, morphia and atropia were introduced into the system, by hypodermic injection. The effects produced upon the various functions of the body, by these agents, when used alone, and together, were carefully observed and compared, and, as a result, they were able to arrive at a number of positive conclusions, which, in my opinion, do more to settle the question under consideration than all the evidence previously reported. The following are some of their conclusions, bearing directly upon the point at issue:

"That as regards the circulation, they (morphia and atropia) do not counteract one another."

"As regards the eye, they are mutually antagonistic."

"The cerebral symptoms caused by either drug, are, to a great extent, capable of being overcome by the other."

"As regards toxic effects upon the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence, so that, in some respects, they do not counteract one another; while, as concerns one organ, the bladder, both seem to affect it in a similar way."

All interested in this question, who prefer facts rather than inferences, will find the paper referred to well worthy of examination.

In conclusion, in cases of poisoning, where opium and belladonna are given to counteract one another, better judgment should certainly be exercised, as regards the quantity administered, than has sometimes been done, lest in our efforts to escape Scylla, we fall into Charybdis.

The American Medical Association.

EDS. JOURNAL:—As the American Medical Association is about to hold its eighteenth annual session in Cincinnati, perhaps a few words in relation thereto may not be out of place at this time.

This national congress of medical men is unlike any gathering of professional persons known to any other civilized country. It has no corporate charter, is not under the patronage of either the national or any state government, and has no endowment—depending for its pecuniary status entirely upon the admission fee of those

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who attend its annual gatherings. Moreover, it has no abiding place, but is required by its fundamental law not to meet for two successive years in the same place, thus making of itself a vagrant that has already visited fourteen of the principal cities of the Union, and four of these twice, at distant periods.

It is a spontaneous organization of the profession, that grew out of a deep feeling that there was a necessity, among other things, "for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it;" "for elevating the standard of medical education;" and "for cultivating and advancing medical knowledge."

Perhaps the characteristic features which distinguish this Association from those of other nations, aiming at the same general purpose, arise out of the peculiarities of our political institutions, the form of our government, and the democratic tendencies and genius of our people, even in professional circles. It has a greater freedom of action, and a wider range of membership, than is common to scientific societies, and while this permits a certain diffuseness in its transactions, and gives a magnitude to its annual meetings, that makes the one sometimes tiresome, and the other frequently cumbersome, yet it is doubtful whether the plan of organization could be changed in its essential features without losing, to the Association, much of its ability to accomplish the great good it is now steadily achieving.

Undoubtedly there are many excellent men in the profession who earnestly desire, and labor for, its most solid and useful advancement; who do not believe that the American Medical Association has heretofore been an instrumentality to this end in the least, and who see no greater usefulness for it in the future; but we must remember that there are many good men in every department of life who can never find a promise of success at the birth of any new organization, and fail to recognize even great forces for good purposes in cotemporary institutions.

Certainly no unprejudiced mind, acquainted with the workings of the Association, for twenty years of its existence, can fail to see that it has made a powerful impression, both in the medical world, and outside of it. It has a triune function, social, disciplinary, and scientific. In its social aspect it has always been a success, and eminently so, and without a drawback, since the stronger alcoholic

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beverages have been discarded from the social board, and the rule has been rigidly observed. One can not doubt that parties having this affair in charge, this year, will appreciate the necessity of a close adherence to the rule that forbids the putting of a stumbling block in the path of a weak brother, who has lost the command of his appetite; the slight departure from it that occurred last year, bore fruit that proclaimed the propriety of its unbroken sway.

In the disciplinary and legislative department of the Association, much has been done in several directions, though all has not yet been accomplished, in relation to educational institutions, that is desirable, but a forcible influence has been felt herein; good seed has been sown, has germinated, and is now rapidly growing, and in due season the harvest will be gathered. The code of ethics promulgated by the Association, in the earlier years of its existence, is acknowledged as law throughout our wide borders; notwithstanding individuals, here and there, have manifested a rebellious spirit from time to time—these mutterings serving at once as a test of the authority of the Association, and as a measure of the justness of its enactments, so far as regards its rule over, and control of the conduct of, its individual members—many will remember the instance of a distinguished member of the profession in New York, some eight or ten years ago, making a manly, formal, written apology to the Association for a violation of its rules, in behalf of a friend of long standing; and all who witnessed the hot æsthesia manifested in 1865—when a supposed erring brother was hastily disowned from fellowship—and were present to see the joyous exhilaration that prevailed in 1866,—when the Association, having ascertained that its former action was based on erroneous information, promptly restored the party to full communion, and greeted him as one who had suffered a grievous wrong—will want no higher testimony of the value that members of the Association attach to the maintenance of good standing in its ranks.

To conduct the scientific labors of the Association in a manner commensurate with their importance, and to a success that all feel they should attain, has been the vexed problem from the very inception of the organization. Every one acknowledges that papers on, and discussions of, scientific matters, should constitute the important measure of every annual meeting, and from which the attendants should derive most of both pleasure and profit. But in the very nature of the ponderous and unweildly organization is

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found the insurmountable obstacle to getting through with other affairs, preliminary in character, and reaching the scientific papers during the daily sessions, in time to give them adequate consideration. Several plans had been proposed to overcome this difficulty without avail, when, about eight years ago, it was decided to divide the Association into several sections, giving to each section control of a certain class of subjects, and appropriating the entire afternoon of each day's sessions to the meeting of the sections.

For four annual meetings these sections have been in operation, and have had some influence in gaining a better hearing, for the matters referred to them, than could have been had in the general sessions of the Association. Still, as these meetings of the sections have been sandwiched in between the morning meeting of the Association, and the evening social festivities, their time has been often encroached upon, by the one or the other. Supposing the full afternoons, for the four days' continuance of the annual meetings, were to be completly consumed by the deliberations of the sections, it would only give sixteen hours for the consideration of scientific affairs. When we reflect upon the length of many of the papers submitted, and the rambling debate that many subjects excite, we see at a glance that it is impossible for the sections to get through with their business in a proper manner. Something further must be done to economize the time, and utilize the labor of the sections, or the annual meetings of the Association will be open to the objection in the future, as they have been in the past, that the scientific aspect of them has not been developed to its highest state of attraction and usefulness.

What, then, can be done to give greater point and power to the proceedings of the sections, and make them, as they of right should be, the central attraction of the annual meetings of the Association? This is a problem more easily presented than solved. Still the way is open to begin the solution. Let a rule be adopted by the Association, that the President shall adjourn the general session of the morning at a fixed hour, unless, by unanimous vote, it is forbidden. This will keep off the encroachment upon the time of the section from that direction. Let a rule, equally stringent, forbid the acceptance, by the Association, of an invitation to any excursion, or other entertainments of any kind whatever, during the hours appointed to the meeting of the sections. These measures will secure inviolate the time belonging to the sections,

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and will be a large step in the right direction. Next, let each section be organized, like the Association, with a competent, permanent secretary, and make the chairmanship of a section only second in honor to the Presidency of the Association—something to be accepted by the eminent, and appreciated by all. The present method of selecting officers hap-hazard, at every meeting, and in some instances, every day of the meeting, is a great drawback to the proper businessof the sections. Rules of proceeding should be adopted, the chairman call the meeting to order at the appropriate hour, and the secretary, having the business arranged, the section can go to work intelligently without loss of time, which is not now the case. If it is found impossible to read and consider all the papers before the section, let those best adapted to profitable discussion be selected, and the others referred to sub-committees.

The sections, by some such measures as these, being elevated to their proper dignity and attractiveness, will soon find means to draw still more interest around themselves. Perhaps some, or all of them, will select, in advance, the subjects for consideration at each day's session, and appoint those members most competent to please and instruct to present the theme, and lead off in the discussion, thus bringing out modest merit, which is so loth to push itself forward in a crowd. If to this there be added phonographic reports of all instructive oral discussions, we shall no longer hear of a want of success in the scientific proceedings of the annual meetings of the American Medical Association. H.

On the use of Bromide of Potassium in some cases of Insanity: By HUGH S. FULLERTON, M. D., Assistant Physician Central Ohio Lunatic Asylum.

In an article on *Spermatorrhœa*, published in the first Volume of the *Cincinnati Journal of Medicine*, it is stated, as a rule, that when this trouble is *genital* in its origin, it can be relieved by the bromide, but that when it has become *cerebral*, the drug fails to produce the desired effect.

In such an institution as the one with which I am connected, we have fine opportunities for testing the virtues of this remedial agent, and I am led to believe that the hope of benefit to be derived from its use is by no ueans so limited as Prof. B.'s rule would indicate.

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My experience proves about this:—that where insanity follows from spermatorrhœa *strictly*; where the patient is in a morbid cerebral condition, resulting from nocturnal seminal emissions, as a sequence of masturbation, or venereal indulgences discontinued, the bromide exerts a powerful influence to arrest the evil; even where the mind is plunged into the depest gloom of religious melancholy; where the mental aberration has led to attempts at suicide, or a high form of acute mania has been developed, still there is hope, provided one thing can be accomplished; that is, that the discontinuance of the local irritation be secured. Where there is enough will left to make moral considerations of any avail, or even where mechanical appliances can be continued sufficiently long to give rest to the racked nerves, the drug will be efficacious. But where the practice of masturbation is kept up, regardless of all appeals; where fuel is constatly added to the flame, in this way, no earthly power can save our patients from drivelling dementia.

We have many patients who come to us with mental trouble, resulting from the terrible nervous prostration produced by seminal emissions. In these cases we usually prescribe the bromide, in connection extr. bellad. about gr. xx—xxx of the former to gr. ss–j of the latter at bed-time. Continue ℞ for six nights and then omit for a week or ten days. Combined with these, are to be the ordinary precautions of diet, exercise, position in rest, etc., etc., and if a discontinuance of local irritation can be secured, the prospects for recovery are good.

But though it is chiefly in insanity arising from abuse of the procreative organs, that we use this agent, still we find it a powerful agent in allaying excitement springing from other causes.

Permit me further to occupy your time and space with the details of an instance where the sedative effects of this drug were exhibited very markedly.

Joseph R. was admitted Sept. 25, 1866; single; age 17. Duration of insanity about two weeks: attributed cause "sun-stroke;" has been highly excited paroxysmally. After admission he remained tolerably quiet, but silly and uncouth in action and language, until about the middle of October, when he began to grow gradually violent. By the 22nd of the month he was in a state of most intense excitement; screaming, tearing his clothes, lashing himself against the walls, perfectly uncontrollable; large doses of morphine had no apparent effect; digitalis sickened but did not

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quiet him. I placed him in water, as warm as he could bear it, up to his neck, in the bathing tub, and poured, from a foot or more of elevation, bucket-full after bucket-full of cold water upon his head. This he relished hugely, yet within a half hour was as "high" as ever.

On the evening of the 24th, at five o'clock, I gave him gr. xxx. of the bromide, and repeated the dose at bed-time—(9 o'clock.) He had now slept none whatever, but had incessantly threshed and pounded, day and night, for a week. He slept, after taking the bromide, almost all night. The next day I repeated the ℞ with still more satisfactory results—he resting quietly through the night of the 25th. On the morning of the 26th, he gave us an insight to the origin of his trouble, by vomiting some worms. A good, old-fashioned dose of calomel, followed by castor-oil and turpentine, soon brought away great numbers of the common lumbricoid worm, and he became quiet and rational. I have only to add, as illustrating a frequent cause of insanity, that after a repetition of the dose, occasionally, during the next two months, he fully recovered, and was discharged in February.

His is but one of many cases where the highest state of maniacal excitement was alleviated by the bromide. In many conditions, depending purely upon functional nervous disorder, the administration of this agent is not only ameliorative, but directly curative in its tendency and results.

Astringents in Choleraic Diarrhœa. By Wm. Hays, M. D., Covington, Ky.

At this late day it may seem presumptuous, on my part, to pretend to advance any new theory, with regard to the treatment of a disease which has engaged the closest study, and the most acute observation, of the most learned of the profession; yet, we all think our own experience the best teacher in the study of our art, and are ever willing to intrude our theories upon our neighbors, thinking thus to gain converts to our views.

I do not propose entering into any discussion as to the causes of cholera, as to its portability, or as to whether it is contagious or infectious, but merely to advance a theory which presented itself to my mind while convalescing from a recent attack of illness.

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It may be that it is as old as the disease itself, and *so simple* in itself, that it has never engaged the attention of the many who have had to contend with the hydra-headed monster. We of the present day depend too much upon the opinion of our neighbors. and adopt their plans of treatment, without inquiring into the *modus operandi* of the remedies proposed. On this principle we see it written by many, and practiced by more, that sulphuric acid will restrain a serous diarrhœa, opium will allay pain, etc., without inquiring into the condition of the different organs of secretion and excretion.

After my return from a visit into the country, about the 1st of December last, where my mode of living had undergone a complete reversion; where the articles of diet were differently prepared, and more freely partaken of; where the active exercise of my home life was entirely ignored; I was attacked with a diarrhœa. I thought but little of the first action; the second awakened me to a sense of my condition, from the quantity passed, the watery condition of the stool, the lack of fecal matter, and the great prostration attending it. I went to bed, and fortified myself with the following, viz:

℞.	Dil. Sulph. Acid,	ʒiv.
	Tinct. Opii,	ʒj.
	Aqua Camph.,	ʒxij.

which I consumed in eight hours. I took this thus freely because the urgency of the symptoms demanded it, and because it was the teaching of some of the most able writers on the subject, but without any mitigation of the symptoms. I still insisted upon the use of astringents, and had a pill prepared of acetate of lead, opium, capsicum, and camphor. I persevered with these during the night; in the morning feeling so much worse, with some pain in the abdomen, and a slight cramp in my legs, I had Dr. W. called in; he gave me the remedies last mentioned, with the addition of a grain or two of calomel to each pill; these were continued during the day, and in the evening being no better, and having very much nausea, he prescribed for me calomel and soda. At bed-time I became quite sick, vomited freely, throwing up acid, opium, camphor and capsicum—all of which I recognized distinctly by their tastes. A mustard poultice to my abdomen, and a continuation of the calomel and soda during the night, presented me to the Doctor next morning very much improved, and this improvement began with the free emesis of the night previous.

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Had I begun the treatment of my case with calomel, thus arousidg the dormant secretions, and followed this with astringents, I am confident that I would have been relieved in very much less time; but fearing lest the diarrhœa might be the precursor of cholera—of which there were several cases in my vicinity at that time—I began the treatment with astringents, etc. In the earlier stages, astringents are contra-indicated on physiological grounds; for are we not taught that the free and frequent introduction of astringents into an organ so delicate as the stomach, and so susceptible to irritation from the slightest cause, has the tendency of lessening its capacity, of staying its action, of closing the follicular apparatus, which secretes the gastric juice, and sealing the mouths of the very many absorbents that are eager and willing to take up those particles rendered fit for absorption by their admixture with the gastric juice.

It is an established physiological fact, that if food rendered acid by the addition of a little vinegar, is introduced into the stomach, the quantity of gastric juice is lessened, and the digestive process goes on very much more slowly. Applying this fact to our own, or any similar instance, where quantities of acids are taken, and then followed by astringents, opiates, etc., what must we expect? Can our medicines, which we expect to benefit our patients, act in any other way than as irritants? I have but little doubt, but that we would find, were we to examine the stomach of a patient who had been treated with acids, etc., with a pyloric orifice almost obliterated, and the contents a constant source of irritation, until ejected. This is a broad assertion, still I can not but *think* it has the odor of truth!

I believe astringents, etc., can be given with decided benefit, from the very inception of the disease, by enemas. There is nothing to contra-indicate their free use. When given thus, they come in contact with the biliary, pancreatic, salivary and gastric secretions, and are thus rendered fit for absorption. I would thus stay the flood, to some extent, until my *vis a tergo* would begin to act. Thus, those epithelium cells which cover the villi, instead of being thrown off in such quantities, as they are supposed to be in cholera, maintain their integrity, and act as receiving agents for the lacteals. This mode of treatment is in direct antagonism to that practiced by very many of our best men. We must unload the secreting apparatus as a first step toward any permanent relief. It

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is on this principle that we nearly all agree upon the use of calomel; and does it not act more promptly when not given with astringents, etc.?

Cases of Puerperal Convulsions. By G. F. ADYE, M. D., Newtownsville, Ind.

March 18, 1865. Mrs. R—., aged 25, light complexion and blue eyes, of short stature; fourth labor.

Labor natural; continued for six and three-fourths hours, when she was delivered of a male child. Placenta came away with slight traction. No unusual symptoms except nausea and headache, which had about ceased when I left her, about one hour after delivery. Lochia free enough.

Four hours after delivery she had a severe spasm. I bled her freely, and administered calomel, aloes, and assafœtida. The paroxysms returned at intervals of ten minutes. I repeated the bleeding several times during the continuance of each convulsion, and the cathartic once.

The bowels were moved freely during the night. The lochial discharge had ceased; and she remained unconscious after the first spasm. Under the influence of sulphuric ether and morphia, the convulsions abated in frequency and violence until the fourth day, when they ceased entirely.

It is proper to remark that her mother, and sister, had formerly had puerperal eclampsia

September 7, 1865, Mrs. S—., aged 26; dark complexion and black eyes; of slender form; fourth confinement; presentation natural; labor continued 24 hours.

When called I found her complaining of nausea and headache. The membranes broke at six P. M.; at eight she had a convulsion, when I bled her and administered sulphuric ether one drachm, calomel, and aloes, followed in half an hour by one drachm of tincture of ergot. Spasms returned in one hour, when I again bled and repeated the dose of sulphuric ether, and ergot. At half past ten o'clock, she gave birth to a healthy female child, weighing eight and a half pounds. Placenta came away without assistance,

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she had two more convulsions during the night; gave sulphuric ether and morphia, continuing them for forty-eight hours. The cathartic operated freely. She made a good recovery.

During her second confinement she had had puerperal convulsions.

November 15, 1866, Miss Susan F—., aged 16; of compact build; swarthy complexion; first confinement; had aborted several times.

When I saw her, she had been in labor for forty-eight hours; the os uteri was well dilated, presentation natural, and pains moderate. She had no headache or nausea. I ruptured the membranes, administered ergot, and in an hour and a half she was delivered of a fine healthy boy.

With slight traction the placenta soon came away. Lochia free.

Two hours after delivery she had a puerperal convulsion, to control which I gave calomel, nitrate of potash, and assafœtida, after bleeding sufficiently. The spasms recurred every forty-five minutes; during the intervals, she was partially conscious.

Sulphuric ether and morphia were given, and she had only one convulsion afterwards.

The bowels were moved freely. She died twenty-six hours after the birth of the child.

I do not know the cause of the convulsions in this case. Her nymphæ and clitoris exceeded the usual length by about two and a half inches; and her sexual desire amounted almost to nymphomania.

Trial for Malpractice. Reported by Dr. David Prince, Jacksonville, Ill. With Comments, by Prof. G. C. Blackman.

[Continued from April Number.]

Dr. Carsten Holthouse, in his article on *Injuries of the Lower Extremity*, in *Holmes' System of Surgery*, Vol. II. p. 657, thus briefly disposes of dislocation of the foot *backwards*, or the forward luxation of the tibia.

"Dislocation of the foot *backwards* may arise from jumping off a carriage in motion, or from a fall backwards whilst the foot is confined: from either cause, the capsular, and part of the deltoid ligaments may be ruptured, the fibula broken above the malleolus, and the tibia forced from the astragalus on to the navicular and cuniform bones. The symptoms of this accident are, a shortening of the foot and a lengthening of the heel, with a depression above the

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latter. The toes are pointed downwards, and the extremity of the tibia forms a projection in front of the ankle. Reduction may be accomplished in the same manner as in the last described dislocation (inwards), and a similar apparatus is sufficient for the after-treatment."

The apparatus recommended by Mr. Holthouse, both for the outward and inward dislocations of the foot, is, "two side-splints, with foot-pieces made of wood, leather, or gutta-percha, or the starch-bandage, strengthened with mill-board, must be applied and kept on for six weeks, the patient being allowed to go about upon crutches."

In alluding to the *forward* dislocation of the foot, Mr. H. refers to the fact that Sir Astley Cooper never saw a case, and that but few such are on record. One of the best described, he says, is that recorded by Mr. R. W. Smith, in the Dublin *Quarterly Journal of Medical Science*, May, 1852. In this case the fibula was not fractured, but the inner malleolus was broken.

Mr. Erichsen, in the 4th London edition of *The Science and Art of Surgery*, *p.* 326, remarks: "In the dislocation of the foot backwards, the deltoid ligament is ruptured, the fibula broken, in the usual situation, and the tibia thrown forwards on the navicular and internal cuniform bones; the foot is consequently shortened, and the heel rendered more projecting.,'

"This dislocation is always accompanied with fracture of the splint-bone of the inner ankle, or the latter is torn off." *South's Chelius System of Surgery*, Vol. II. p. 249.

In *Gross's System of Surgery*, Vol. II., p. 88, 3d edition, we find the following:

"Dislocations of the ankle-joint are among the most infrequent of traumatic lesions, the mechanism of the articulation being eminently unfavorable to their occurrence. The length and width of the malleoli render lateral displacement of the astragalus almost impossible, without concomitant fracture of one or both of the projections, while luxation in the antero-posterior direction is nearly as impracticable, in consequence of the extraordinary strength and firmness of the ligaments connecting that bone to the tibia and fibula. The effect is that these injuries are almost always of a complicated character; their chief interest depending upon the violence done to the neighboring structures. Most of them, in fact, should be viewed in the light rather of fractures of the tibia and

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fibula, with displacement of the astragalus, than as dislocations, properly so called, of the ankle-joint. After a very careful examination of the records of surgery, I find that simple displacement of this bone, in any direction, is an occurrence of such extreme infrequency as hardly to deserve mention." Again, at p. 89, in describing dislocation of the ankle-joint *backwards*, he remarks: "The displacement is ordinarily accompanied by fracture of the inferior extremity of the fibula."

In reference to the statement of Prof. Gross, that lateral displacement of the astragalus is almost impossible without concomitant fracture of one or both of these projections, (malleoli,) we find quoted in Fabre's *Bibliotheque du Medecin—Practicien* (op. cit., p. 508,) that M. Alex. Thierry has reported on *L'Experience* t. iv. *un example tres curieux*, of luxation outwards without fracture of the malleoli. We might here quote from Fabre's *Bibliotheque* &c., p. 509, the statement that in the luxation of the foot backward, the foot preserves its normal *rectitude*, that is, it points neither outward nor inward; (*le pied a conserve so rectitude, c'est a-dire qu'il n'est devie ni en dedaus ni en dehors, et qu'il n' a subi aucun mouvement de rotation sur son axe antero-posterieur.*) And yet Mr. Bransby Cooper asserts that the foot is not only fixed in the extended position, but slightly rotated inwards." *Lectures on Surgery*, p. 315. When the luxation has been reduced, the after-treatment recommended by Mr. Bransby Cooper is the same as in the other varieties, viz., two splints should be applied, "each furnished with a foot-piece, so as to keep the foot protected from the influence of the muscles."

Mr. Amesbury, in his *Practical Remarks on the Nature and Treatment of Fractures of the Trunk and Extremities*, London, 1851, Vol. II, after observing that it rarely, if ever happens, that a dislocation of the ankle occurs without fracture of one or both bones of the leg (p. 453), thus describes the forward luxation of the tibia (p. 457):

"In the dislocation of the base of the tibia forward, the fore part of the foot appears much shortened, and the heel proportionably lengthened. The foot is fixed, and the toes are pointed downward. The lower extremity of the tibia forms a hard projection upon the upper part of the middle of the tarsus under the tendons, which it drives before it, and a deep depression is observed above the heel, accompanied with a preternatural curve at the back of the small of the leg.

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"Upon dissection, the base of the tibia is found to rest principally upon the upper surface of the os naviculare and os cuneiforme internum, quitting all the articular surface of the astragalus, except a small portion of its fore part, against which the tibia is applied. The fibula is broken, and the fractured end of the upper portion advances forward with the tibia, while the lower portion, consisting of about three inches of the bone, commonly remains in its natural situation. 'The capsular ligament is torn through at its fore part, the deltoid ligament is only partially lacerated, and the three ligaments of the fibula remain unbroken.' Sometimes the tibia is split longitudinally through the inner malleolus.

"This accident sometimes arises from the body falling backward while the foot is fixed, sometimes from jumping, or from being thrown out of a carriage in rapid motion, with the foot pointed forward and downward when it comes in contact with the ground.

"The tibia is sometimes partially dislocated forward. In these cases the base of the bone rests partly upon the os naviculare, and partly upon the astragalus. The anterior part of the foot is not so much shortened in appearance, nor is the projection of the heel so considerable as when the dislocation is complete. The fibula is broken, and, though the malleolus of the bone remains in its natural situation, the two fractured ends are carried forward with the tibia; at least they have been so in the cases I have witnessed. The internal malleolus is sometimes split from the point upward, and one-half remains in its natural situation, while the other is carried forward. Sir A. Cooper states, that "the foot is pointed downward, and a difficulty is experienced in the attempt to put it flat on the ground. The heel is drawn up, and the foot is in a great degree immovable," but these are symptoms which have not hitherto fallen under my observation.

"This accident is, of course, much less severe than either of those already mentioned; but, if it be neglected, or treated merely as a sprain, the union of the fractured fibula and the changes in the state of the tendons and ligaments, as well as in the articular surfaces, soon prevent the possibility of reduction, even under the most violent efforts that prudence could employ. Hence the deformity becomes permanent, but patients are able to walk after the lapse of some months with a limp, which arises in a great measure from an inability to bend the foot upon the tibia, as far as the parts in the natural state allow.

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"For the successful management of the various kinds of dislocation of the ankle, what do we require? Means to remove active inflammation, and adequate mechanical support. The first object is to be attained by the application of leeches, sedative lotions, aperient medicines, etc., as in other injuries of similar violence; using them more or less vigorously, according to the age and constitution of the patient, the degree of mischief sustained, and the condition of the parts to be restored. The instrumental aid required, is such as will enable us to apply effectual pressure and resistance in any situation that the nature of the dislocation may indicate—such as will enable us to support the bones in their natural situation when they are once reduced, and, at the same time, prevent the foot and the leg from moving upon each other.

"We are recommended by a cotemporary author of great experience, to make use of a pair of splints with a lateral foot-piece, in other words Sharp's leg-splints, with the addition of a lateral foot-piece to the inner splint (*see* p. 398), and of the same construction as that for the outer splint. When these splints are employed, the limb is placed between them as soon as the bones are reduced, and we are told to lay the limb on the outer side in the bent position, in dislocations outward or inward, and upon the heel in dislocations forward. Is this a plan of treatment, I would ask, calculated to support the parts in their proper position, and to restore the natural functions of the limb in either of these varieties? It is a plan which looks very plausible in theory, but it does not do in practice. Even in dislocation inward, which is the most simple variety to treat, the support which these splints afford is very precarious. The tibia slips off the astragalus in many instances, and, if not as frequently replaced, the consequences are permanent deformity and lameness. But it might be said that the splints should be applied with a sufficient degree of firmness to prevent the displacement of the tibia. Can this be done in the early—the most important stage of the accident, when there is usually considerable inflammation and tension—without infringing upon one of the soundest rules of surgery? Were this practice followed, it strikes me, that in some cases the consequences might be serious.

"In dislocations of the tibia forward, we find it expedient to force the foot forward, and at the same time to press the tibia backward, so as to keep it steadily upon the astragalus; but how are these indications to be answered? We are directed to make use

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of the same description of splints in the management of these cases also; but can these splints be applied so as to produce these effects? We are told to lay the limb with the heel resting on a pillow; but will the pillow, which yields in the greatest degree where it is most pressed upon, be sufficient to keep the foot forward, or will the tibia be prevented from slipping forward off the astragalus by this plan? The means appear to me so inadequate to produce the effects intended, that I can not bring my mind to believe that these splints will generally be found sufficient for these purposes, however well padded and managed. It might be said that, if the foot be kept steadily placed, so as to form a right-angle with the leg, the articular surface of the astragalus will rest in the concavity of the base of the tibia, which will consequently be prevented from slipping forward. I grant that if the foot be so placed and so kept, displacement is not likely to occur when the base of the tibia is not injured; but every body knows that mechanical apparatus can not with propriety be applied tight to parts in a state of active inflammation; and that, if the foot becomes slightly extended by the action of the gastrocnemii muscles, there is nothing in these splints to prevent the tibia from slipping forward, even when entire; and if a portion of the base be split off, I see no chance of supporting the parts in their proper relative position by this mode of management. The surgeon in these cases, is often put to his wits'-end to do the thing he wishes. He tries a variety of means that occur to him, or that his friends suggest: if one thing does not answer, he tries another; if that does not succeed, he tries a third, etc., always, of course, endeavoring to replace the parts into their natural situation, before the employment of each variety of mechanism. This, to say the least of it, must be attended with great suffering to the patient; and, after all the anxiety which every surgeon must feel under such circumstances, after all his endeavors, and the patient's sufferings, what do we find to be the usual result? Most commonly the patient comes off with a deformed limb, and the surgeon with loss of reputation.

"The difficulty of managing even partial dislocations of the base of the tibia forward, by any of the common means, is found to be considerable. Of this the following case is a striking instance.

"As a lady, residing at Paddington, was taking an airing in her gig, the horse became restive, and the servant losing all command over it, the animal ran away, and the wheel of the gig came in

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contact with the edge of the foot-path, and the lady was precipitated violently upon the stones, which she struck first with her feet. I was first called to see this lady about eight weeks after the accident. I found the tibia had been fractured longitudinally through the malleolus, but the fracture was not apparently complete. The largest portion of the base of the tibia was carried forward, and rested partly upon the articular surface of the astragalus, and partly anterior to it, leaving a fissure between it and the other portion, which remained connected in its natural situation. The fibula had been fractured about two inches and a half above the point of the malleolus, and the two fractured ends were carried forward, with the anterior portion of the tibia, so as to form an angle projecting forward in the situation of the fracture. The foot appeared shortened anteriorly, and the heel projected more than natural; there was, also, the usual concavity observed in these cases at the back of the leg.

"I was requested to see this lady, for the purpose of replacing the parts into their natural situation; but it was now too late. The fibula had become united, and the tibia was confined to its new situation by strong adhesions. I was strongly urged to break the bone by some violent means, in order that the deformity might be removed; this, however, I refused to do, believing that no good effect would be produced. The late Mr. Cline, sen., was now called to see this lady in consultation, and agreed with me, that nothing could be with propriety attempted for the restoration of the parts.

"This lady had the constant attendance of an experienced hospital surgeon before I saw her, and had been seen several times, in consultation, by men of the first eminence in the profession; but, notwithstanding their able advice and assistance, the result was permanent deformity and lameness.

"When the dislocation is forward, the surgeon, having replaced the parts, must bring the foot up to form a right-angle with the tibia, and regulate the elevation of the heel very carefully by means of the shoe, and keep back the base of the tibia upon the articular surface of the astragalus, by a four-headed roller, applied so as to pass round the leg over the apparatus. The unsplit part should be placed in front of the leg, a little above the joint, and the ends brought together and tied at the side of the apparatus, sufficiently close to keep up a steady and gentle bearing upon the front of the leg.

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"The apparatus thus applied, effectually prevents the tibia from advancing forward, and the heel from being drawn backward, which can not be done without great danger of repeated displacement, by any other apparatus with which I am acquainted. The side-splints should now be applied, in order to give lateral support to the leg and foot. These should be confined to the foot-board at the lower end, by means of tapes, and the upper ends should be kept in contact with the leg, by a circular strap, passed round the leg over them and the apparatus just below the knee.

"When the limb is thus confined, we can apply any kind of lotion to it, without disturbing the injured parts; and by throwing back the side-splints, we have the limb sufficiently exposed to view for the application of leeches, should local depletion be required."

Mr. Lizars, in his *System of Practical Surgery*, Edinburgh, 1838: p. 180, after alluding to a case of luxation of the tibia backward, the only instance which ever came under his observation, and which was successfully treated by means of McIntyre's splint, thus speaks of the forward luxation of the tibia: "Luxation backward (of the *foot*—ED.) is very uncommon; only one instance of this have I seen. The tibia and fibula are forced forward on the naviculare, giving the foot a shortened or club appearance; the lateral ligaments and fibrous capsule are lacerated. To be reduced as the immediately foregoing, only making pressure on the tarsus in the opposite direction. The after treatment is the same."

The late Mr. Vincent, who was for a long time senior surgeon to St. Bartholomew's Hospital, London, in his most interesting and valuable treatise entitled *Observations on some of the parts of Surgical Practice*, London: 1847, p. 87 thus remarks:

"The luxation of the tibia forward is not an unusual case; we find the end of the bone is brought in front of the astragalus, and in various degrees of displacement. This dislocation implies a fracture of the fibula, somewhat lower down than in the last case, which I have always found to be the case when the displacement was considerable. I have said the tibia is advanced forward in various degrees; and therefore, as it is only slightly so on some occasions, it behooves surgeons not to set such a case down as a fracture of the fibula only, as I believe is often done; for otherwise the injury may leave imperfections which could have been

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avoided, had a correct view been taken of the case originally. If the tibia be advanced forward upon the astragalus, even in a very slight degree, it prevents, when the injured foot is behind the other, that free motion of the foot upon the leg, and the formation of an acute angle between them, which is so necessary, in progression, and thus a hobbling gait is produced. The surgeon should be accustomed to calculate all the bearings of the pricipal parts of the foot, and to measure distances between them.

"The conditions of this accident are, that the external malleolus does not lose its connections, the external ligament being entire, but the fibula is broken above; therefore the upper part of this bone advances with the tibia; the internal lateral ligament must give way to allow the tibia to come forward. This advance of the leg upon the foot is equal to throwing the axis of motion so far forward, that the foot is under a longer lever for the muscles behind to act upon; and agreeably to the positions laid down, the foot being extended upon the leg, the position in which the gastrocnemius is used to act most powerfully, this muscle exerts all its force to draw the heel upward, and continue the displacement to the utmost. However well the surgeon may adapt the parts, yet a very slight movement of the patient will be enough to displace them; but perseverance will fully complete his purpose, and he will find, by daily adjusting the disturbed parts, that they will each time he does this, appear less deranged, and thus, before many days, quietly remain in their proper position. In this determined way of continually rectifying the irregular changes, I have seen these cases turn out very well, giving the patient the perfect use of the joint. If the patient be placed on the side, the leg bent on the thigh, and the foot upon the leg, the surgeon will find that the muscular system lies in the greatest possible state of repose. When he bends the foot, whilst it is extended, he will find every instant of time employed in this operation, the opposition of the gastrocnemius until it arrives at its greatest flexion, and then the muscle ceases to act in opposition. There is an endowed power that always assists with its efficacy the tendency to natural arrangement; and this influence being maintained by continual readjustment, distortion is prevented. The simplest apparatus is necessary; and all coercion of the muscles is to be shunned. It is this case, both in reference to the difficulties I have had to contend with, and the facilties afforded by adopting the correct view under

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which muscles act, which has convinced me that there is a doctrine applicable to muscular action that has not hitherto been alluded to."

Mr. Jas. R. Lane, in the new edition of Samuel Cooper's *Dictionary of Practical Surgery*, edited by Samuel A. Lane Esq., (London: 1861,) Vol. 1. p. 575, remarks that in dislocation of the tibia forward, "the fracture of the fibula is noticed by nearly all writers on the subject, and is certainly found in the great majority of cases. It is not however constant. Mr. R. W. Smith (*Dublin Quarterly Journal of Medical Science*, May, 1862, p. 471), speaks of having seen two cases of this dislocation, in which it was not present. This case is much more difficult of reduction than the instance in which the foot is thrown inwards; and the cause is owing to the powerful manner in which the muscles resist the extension of the parts, and the placing them in their natural position again. As Dupuytren observes, it is true that such resistance may be lessened by relaxing the muscles, and drawing the patient's attention from his limb; plans which fully answer for the reduction of the dislocation inward, yet in that now under consideration, they are insufficient, and here a greater effort is required to bring the foot from behind forward, and place the astragalus under the tibia. And a still greater difficulty is to keep the parts reduced during the time necessary for the fibula and torn ligaments to be firmly united. In fact, the upper surface of the astragalus, which is convex from behind forward, is so slippery, that it is hard to make the tibia rest securely upon the articular pully of that bone, which is itself incessantly acted upon by the extensor muscles of the leg, so as to have a tendency to slip behind the lower end of the tibia. In addition, therefore, to the bent position, Dupuytren deems it necessary here to employ an apparatus, which propels the foot forward, and the lower end of the tibia backward. (*Annuarie Med. Chir.* p. 188.) The apparatus already recommended for the lateral dislocations (McIntyre's), is equally appropriate for the dislocation of the tibia forward; with it the heel can be well supported, and the foot maintained at a right-angle with the leg and if necessary, pressure can be made by means of pads upon the anterior surface of the lower extremity of the tibia. Care must be taken, however, that the heel is not subject to too severe a pressure, or sloughing of the integument will be very likely to occur. If there is much difficulty in the reduction, chloroform should be used

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for the purpose of obtaining more muscular relaxation, and if there is much difficulty in maintaining the bones in their place, subcutaneous division of the tendo-Achillis may be resorted to with advantage."

[TO BE CONTINUED.]

Croup.—Translated from Niemeyer's Lehrbuch der Speciellen Pathologie und Therapie. By SAMUEL NICKLES, M. D.

[Concluded from April Number.]

Diagnosis.—We have already, in the discussion of the symptoms and course of the disease in question, directed attention to the resemblance necessarily subsisting between croup and catarrh of the larynx; and here desire once more to draw attention to the fact, that the croupous membranes which adhere to the pharynx, are almost as important, in the diagnosis, as the membranous masses expelled by coughing and vomiting; that dyspnœa is rarely, and then only transiently, observed in laryngeal catarrh; and, lastly, that in most cases, laryngeal catarrh is unattended by febrile excitement, while croup is marked by severe fever.

Prognosis.—Children over seven years old may survive very intense forms of croupous laryngitis. The disease, on the contrary, belongs to the most dangerous in early childhood. The splendid success boasted of by many physicians must be accepted with much caution, as, in many cases, it is based on mistakes in diagnosis. Evidently, the epidemic prevalence of croup will render the prognosis worse, and, although it may be going too far to designate those cases complicated with croup of the pharynx as absolutely fatal, yet it is not to be denied, that this complication will aggravate the disease.

Among the symptoms of croup, the anxiety, restlessness, full pulse, reddened face, hoarseness or loss of voice, are of far less prognostic significance than the first indications of blood-poisoning. If the face becomes pale, the lips colorless, the sensorium stupified, the child sleepy; if emetics, which have been administered are ineffectual, while spontaneous vomiting sets in, we may expect a happy issue in but few cases.

Therapeutics.—The prophylaxis of croup demands the same means which we recommended for the prevention of laryngeal ca-

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tarrh. Children having surmounted an attack of croup, should on no account be confined to the room, or dressed too warmly. Yet mothers should be warned not to regard the beautiful sunshine alone, and send their children into the open air, without observing the course of the winds; on the contrary, in cases of marked predisposition to croup, the direction of the wind should be observed for some time, so as to guard the children against the influence of a sharp north or north-east wind. It is likewise proper to keep children off the street after sundown, for some time. Finally, cold ablutions of the neck and chest. if the skin is carefully dried afterward, must be regarded as excellent prophylactic means when there exists a predisposition.

The indication to remove the causes can not be met in most cases, as the causation of croup is still obscure. With the laity, it is, of course, a fixed fact, that croup is the result of taking cold. Children in the least hoarse are treated with incredible quantities of hot, sweet milk, which is here preferred to elder-flower tea. Not until the children sweat, are they supposed to be out of danger, and the imaginary foe driven from the field. Similar results are claimed by the schoolmasters, who practice hydropathy, from forthwith wrapping the body in wet sheets, by which they, "in a great number of cases, attain the most splendid results," as the suppressed activity of the skin is most surely restored by their procedure. Though taking cold may excite many cases of croup, yet this process is certainly not so simple, that the severe disturbance in the nutrition of the mucous membrane of the larynx is adjusted as soon as the body gets into a perspiration. In catarrh, it may be otherwise; if hyperæmia alone produces the swelling, etc., of the mucous membrane, a large increase of the peripheral circulation may deplete the mucous membrane, and thus remove the cause of the catarrh. But, as it is difficult, or impossible, for the laity to distinguish catarrhal from croupous laryngitis; as even the physician, called at night to a child that is hoarse, and in addition to a rough and barking cough, suffering from dyspnœa, can frequently, only after further development of symptoms, distinguish the two forms of disease from each other; it may be well to instruct, in such cases, to administer, until the arrival of the physician, warm drinks, to cover the child well, and apply sponges, which have been steeped in hot water, to the throat.

In some cases, particularly of epidemic croup, the inflammation

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seems to extend from the mucous membrane of the pharynx to that of the larynx. Here it is necessary to interfere energetically, as soon as the patches of false membrane are discovered. The physician should not stop to apply leeches to the throat, as this is a measure of very doubtful efficacy; but should rather remove the patches and energetically apply the nitrate of silver to the diseased mucous membrane—a course by far more reliable.

In regard to the indication to remove the morbid condition. many physicians, particularly in the country, immediately apply leeches, and administer emetics as soon as the first symptoms of croup are recognized; the leeches to moderate the inflammation—the emetics to remove the false membrane; and nobody seems to have the courage to adopt an expectant course until special conditions demand positive measures. For the experience that croup cases may recover without the use of leeches and emetics, we are indebted principally to the homœopaths. Leeches, of which one or two may be applied to the manubrium sterni, or to the neck, in children under one year, subsequently increasing the number with the age, are, even in croup, of very doubtful virtue; in most cases, they are positively hurtful. Their recommendation is based, chiefly, on the erroneous opinion that hyperæmia and inflammation coincide; that therefore the withdrawal of the blood will remove the inflammation. The real inflammatory process is not interrupted by bloodletting, although this may moderate the collateral hyperæmia in the neighboring parts. Should a stasis occur in the vessels of the laryngeal mucous membrane, if the current of blood in them is interrupted, the blood would flow with augmented force into the vessels of the neighboring tissues, causing transudation, swelling and œdema. From the last condition, we have deduced a part of the danger of croup; if, therefore, our patients are well-nourished, blooming children, we may apply a few leeches to the manubrium sterni, but not in other cases. They should never be applied to the larynx itself, as it is difficult to arrest the bleeding there; and in all cases, the leeches should be applied by the physician, or by some reliable person who knows how to stop the bleeding. In weakly, ill-nourished children, bleeding is contra-indicated; it is highly dangerous to exhaust the strength upon which the ability to expectorate will afterward depend. The exudation can not be prevented by blood-letting.

As to the administration of emetics, the revulsive effect by which

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they are to exert an influence is quite problematical; still less is to be expected from their diaphoretic influence. They are only then indicated *when obstructing croup membranes form an essential part in the dyspnœa, and when the efforts at coughing are insufficient to remove them.* We mentioned, when describing the symptoms, that the simultaneous aggravation of the expiration admits, with much probability, the conclusion that false membranes narrow the aperture of the glottis, and we look upon this symptom as particularly indicating emetics. As the formation of pseudo-membranes may begin very soon, an emetic, under these circumstances, may be early required. In the treatment of croup, sulphate of copper, as an emetic, has been properly preferred to ipecachuana and tartar emetic; we should be careful, however, not to give this remedy in too small doses, as then, acting uncertainly, it will be more likely to produce the phenomena of poisoning, than when given in larger doses. Ten or fifteen grains of sulphate of copper should be dissolved in two ounces of water, and a dessert-spoonful given every five minutes until emesis results. The more perfect the remissions which take place after the vomiting, and the more abundant the pseudo-membranes expelled, the earlier should we repeat the emetic when the dyspnœa again increases and exhibits the specified peculiarity. Ii no remissions occur, and no croup-membranes are expelled, and if expiration is unobstructed, the further exhibition of emetics is contra-indicated. This rule is often violated. How often do we see children, though they no longer vomit, incessantly fed with the active salt of copper, which has lost all effect! They lie deluged in the blue-colored fluid, which, mixed with coagulated milk, passes from the anus; in vain they turn aside their heads, and knock away the spoon containing the disgusting medicine that causes them nausea and tormina.

Cold, in the form of rapidly changed cold compresses, applied to the neck of the child as soon as the first signs of croupous laryngitis become evident, deserves an extensive trial. Our success will be considerably greater in families that are not afraid of the application of this measure, than in houses where the prejudice against it can not be overcome. The application of cold to the external integument, in inflammation of internal organs, as first recommended by Kiwisch, in puerperal peritonitis, appears indeed to act as a direct antiphlogistic, however difficult to understand its influence on organs separated from the place of application by skin,

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muscles, etc.; experience here must be preferred to physiological explanation.

We have already recommended the application of nitrate of silver to the mucous membrane of the fauces, as a direct antiphlogistic; and can not urgently enough recommend the trial to apply a solution of nitrate of silver to the inflamed mucous membrane of the larynx, as is extensively practiced in France, but still too rarely among ourselves. Bretonneau, with whom this local treatment of croup originated, makes use of a curved whalebone, to the lower extremity of which a small sponge is fastened. This being dipped into a concentrated solution of nitrate of silver (ʒss to ʒii), the tongue of the child is depressed, and the sponge brought to the opening of the glottis; here the sponge is compressed by the muscular action that immediately takes place; certainly a part, although perhaps a very small part, of the fluid passes into the larynx.

Whether calomel has any antiphlogistic, or even specific effect, on croup, is indeed problematical; yet I can not deny that some of the highest authorities maintain the favorable action of this remedy in the treatment of croup. I give it in one-fourth to one-half grain doses every two hours, in most of my cases of croup; but my experience teaches me to shun the ordinary small doses of tartar emetic and sulphate of copper.

When called to a child which has just been attacked with croup, we must not permit ourselves to be misled into the belief that the child will die in a few hours, if we do not interfere energetically. Only under the circumstances, already mentioned, should leeches be applied, and care should be taken to keep the after-bleeding within proper limits. In most cases, we should confine ourselves to the cold applications, and not hesitate to apply the compresses ourselves, until the parents observe that the child is relieved by them. If the child is constipated, we may, to give the diaphragm free play, administer an injection composed of three parts of cold water to one of vinegar. Should the dyspnœa increase, and expiration become difficult, a full emetic must be given, without, however, discontinuing the cold compresses. Under the circumstances mentioned above, the emetic may be repeated; if, however, no remission takes place, the solution of nitrate of silver should be applied to the opening of the glottis, at intervals of several hours. We must not forget, during the night, that the first morning hours

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generally bring a remission; so, too, we must recollect during the next day, that notwithstanding the improvement, the succeeding night may again bring great danger. However well the child may feel, it must not leave its bed; the temperature of the room must be regulated according to the thermometer, and kept moist by open vessels of water. Half a grain of calomel is to be given every two hours, the cold compresses changed less frequently, and now covered with a piece of flannel; the application of nitrate of silver is to be continued, but at longer intervals. During the next night, if the disease exacerbates, the same means will be required.

If this treatment is unsuccessful, and no improvement takes place in the course of the next ten or twelve hours, we should not waste more time in the use of vesicatories or expectorants, sulphur, or other remedies which have been vaunted as specifics, but *resort at once to tracheotomy*. The earlier this is performed, the more reason we have to expect that bronchial catarrh, hyperæmia or œdema of the lungs, will not militate against the success of the operation. Though the results be unfavorable in very many cases, yet there are none in which it can be neglected after other means have proved futile. And death, even should it occur after the performance of the operation, is far less painful to the child, and relatives, than if the operation had been neglected.

The indication presented by the symptoms requires, besides the means already considered, that we regard the paralytic phenomena which we have pointed out as the results of poisoning of the blood by carbonic acid. As the most powerful excitant, which enjoys also a good reputation in poisoning from the vapor of charcoal, we may recommend affusions of cold water, while the child is placed in a warm bath. A resort to it should not be neglected, when the child becomes sleepy and stupid, when its skin feels cool, or, when emetics, now urgently required, remain inoperative. Of less effect, and only to be administered when unconquerable prejudices oppose the affusions, are other stimulants, especially camphor and musk, of which large doses must be given in such cases, particularly beore administering emetics. Two buckets-full of cold water, poured from a moderate height over the head, neck, and back of the child, immediately after the bath, almost always produce consciousness, a more powerful cough, and the expulsion of masses of coagulated exudation.

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Poisoning by Petroleum. By G. W. HAILE, M. D., Cincinnati.

Mary ———, æt. eighteen months,—a fleshy and healthy looking child, having never before been sick, according to the statement of the mother, and nursing—on the evening of November 24th, drank petroleum in an indefinite quantity.

It appears that the mother was filling the lamp, and leaving the can unstopped, within reach of the child, went out of the room; another little girl being present, but having her back turned to her hearing some disturbance, turned around, and perceived the child with the spout of the can in her mouth, drinking the oil, having spilled a quantity on her clothing. She immediately raised the alarm, and when the mother came she found the child in a very hard convulsion. An old lady coming in, gave the child six teaspoons-full of butter; the convulsion being repeated, the father came for me, saying he thought the child was dying. When I arrived, which was about fifteen minutes after she had taken the oil, I found the child much inclined to sleep; pupils slightly contracted; had a kind of spasmodic cough; rolling its eyes up, occasionally; breath smelling very strongly of the oil; had the appearance of being very sick. I gave an emetic of ipecac, with plenty of salt and warm water; this not acting, repeated the dose without any effect; then the sulphate of zinc was given; this acting, was assisted with warm water, which washed the stomach out thoroughly, the water ejected smelling very strongly of oil; afterward gave a dose of ol. ricini, with demulcents. The child seeming much disposed to sleep, ordered a little carb. ammoniæ through the night; the oil acted well, and in two days afterward we found the child appearing well, excepting, perhaps, being a little feverish.

In the *Medico-Chirurgical Review*, April, 1866, we find a record of two cases which we give below:

Dr. Mayer, of Antwerp, relates in *Journal de Bruxelles*, May, 1865, a case of poisoning by a glass of petroleum which was drunk in the dark, by mistake, for a glass of beer.

About half an hour afterward, Dr. Mayer found the patient pale, restless, with eyes sunken, strongly contracted pupils, the irides insensible to light; hot, dry skin, weak voice, and short, quickened

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respiration. The pulse was excited, hard, incompressible,—60 in the minute, and afterwards fell to 48,—the ordinary number of pulsations in health was 80. The patient complained of an indescribable feeling of malaise, great anxiety, and a sensation of constriction at the diaphragm, and in the pharynx. Consciousness was undisturbed. The breath had no odor of petroleum. In spite of the administration of tartar-emetic, and of tickling the fauces, no vomiting occurred; neither fæces nor urine was discharged. After the epigastrium had been rubbed with a flannel, dipped in eau de cologne, the patient had eructations, smelling strongly of petroleum, and afterwards vomited copiously, undigested food having the same odor; immediately after which an improvement took place; the pulse became quicker, the skin warmer, the pupils dilated, and the sensibility of the iris to the light returned gradually.

The vomiting recurred frequently, and always with an odor of petroleum; the patient had a copious stool, slept well through the night, and was quite well the next morning. The urine throughout the whole of the next day, still had a marked odor of violets.

Dr. Mayer remarks that the petroleum appears to have produced total paralysis of the stomach and alimentary canal, so that emetics had no effect, and the food which was vomited four hours after the poison was taken, showed no traces of digestion.

It was only through the stimulation produced by rubbing the epigastrium, that vomiting was excited. The retardation of the pulse Dr Mayer ascribes to the anæsthetic action of the petroleum, which action also shows itself locally in the anæsthesia and paralysis of the digestive canal.

The recovery of the patient from so large a dose of the poison, may, in a great measure, be atributed to the circumstance that he had had previously a full meal, which thus prevented the petroleum from exerting all its action on the stomach.

A case of poisoning by petroleum is also recorded in the *Journal de Chimie. Med.* The patient drank a small glassful of petroleum in a cup of coffee. The symptoms and results are not given. Cases of poisoning by petroleum have also been recorded by Weinberger—(*Schmidt's Jahrb,*' CXXI, 34,) and by Clemens (*ibid.*, CXXV, 294,)—(*Schmidt's Jahrbucher, Band*, CXXVII, 1865, No. 9.)

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On the Detection of Lung-Tissue in the Expectoration of Persons Afflicted with Phthisis. By SAMUEL FENWICK, M. D. From *Medico-Chirurgical Transactions;* Vol. 49.

It frequently happens that the physical examination of the chest fails to afford decisive evidence of tubercle in persons whose symptoms have led the physician to suspect its presence. Under such circumstances the examination of the expectoration by the microscope for pulmonary tissue has been recommended by various authors, as likely to be of the greatest service.

I have included in the following paper the results obtained from the microscopical examination of the sputa of 100 real or suspected cases of pulmonary consumption, in the hope of showing what advantages we may expect to derive from this method of investigation, and how far the microscope is capable of confirming or correcting the information furnished by auscultation and percussion.

All the cases here reported were treated at the Victoria Park Hospital, either by myself or by my colleagues, and I take this opportunity of thanking them for their courtesy and kindness in granting me opportunities for observation which the out-patient department was unable to afford.

Dr. Andrew Clark has recommended that the expectoration should be poured upon a flat surface, and the particles suspected to consist of elastic fibre should be picked out with needles and placed beneath the microscope.

Now, although large pieces of lung-tissue can be detected by this method, it is evident that the smaller fragments may be easily overlooked, and that consequently our inability to discover elastic fibre in this way is no sure evidence that none is present in any particular specimen of expectoration.

On this account I have adopted the plan of liquefying the sputa by means of pure caustic soda, when any particles of lung that may be contained in it fall to the bottom of the vessel, and can be removed and placed beneath the microscope.

In order to test the accuracy of this process I performed numerous experiments, of which the following is an example:

One tenth of a grain of lung-tissue was divided by needles into ten parts, and the $\frac{1}{1000}$th of a grain thus obtained was placed in

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the expectoration of a person affected with bronchitis, it having been proved by previous examination to contain no elastic fibre. The mucus was liquefied by boiling it with a solution of pure soda, and the mixture then pourd into a conicial-shaped vessel. The particle of lung was easily removed and recognised by the microscope.

But as the $\frac{1}{100}$ part of a grain of lung consists of from twenty to thirty air-cells, and as the presence of elastic fibre can be determined with the greatest certainty by means of the microscope, in half, or even in a smaller part of a cell, it is evident that it might be possibe in this way to detect $\frac{1}{4000}$ to $\frac{1}{6000}$ part of a grain of pulmonary structure in the sputa of patients affected with phthisis. Such minuteness is, however, never requisite, as we need no more expect to meet with a part of an isolated air-cell in the expectoration than to be consulted by a patient with a single tubercle in his lungs. In one case I counted in the mucus coughed up in only twelve hours, as many as 800 fragments of lung, and we generally find from fifty to sixty pieces even where, from auscultation, we should have expected but a small amount of destruction to be going on.

I have detected numerous fragments of elastic fibre in the mucus expectorated in only half an hour, but as the amount of lung expelled seems to vary at different times of the day, the only safe plan is to liquefy the whole of the sputa of twenty-four hours, or, if it is difficult to obtain the expectoration for so long a period, to examine what is coughed up during the night and early morning.

I have only once found, on a second examination, pulmonary tissue when I had on a previous trial failed to discover it. This was in the case of a patient affected with a cavity of long standing, and in such cases it will be wise for the physician to re-examine the expectoration after a few days' interval, if on the first examination he should fail to obtain evidence of the presence of the elastic fibre.

In phthisis there are, in reality, only two stages, viz., those of deposition of the tubercle, and a cavity; for as soon as softening commences fragments of lung are expelled, and necessarily cavities are produced; but as the miscroscope should always be used as an adjunct to auscultation, I have grouped the cases contained in this paper under the three stages generally recognized by auscultators, viz: deposition, softening, and cavity.

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1. STAGE OF DEPOSITION OF TUBERCLE.

The expectoration was examined by microscope in twenty-four cases in which phthisis in its earliest stage was either suspected or was diagnosed by the stethoscope, and in thirteen of these fragments of lung-tissue were diicovered.

In seven of the twenty-four no physical signs of disease in the lungs were found, but the existence of tubercle was suspected either on account of the occurrence of hæmoptysis or from the history of the case showing an hereditary tendency to consumption in persons affected by cough, expectoration and loss of flesh; no elastic tissue could be found in the sputa of any of them.

The microscope therefore failed as completely as auscultation in proving the existence of phthisis in this difficult class of cases, and I cannot help suspecting that in many of these the symptoms arise rather from the general derangement of health preceding the formation of tubercle, than from an actual deposit in the pulmonary tissue.

In sixteen cases auscultation and percussion afforded indications sufficient to justify the suspicion of the existence of tubercle, and in thirteen of these, lung-tissue was found in the expectoration. Of the cases in which it was absent, one had never suffered from hæmoptysis, and the physical indications were a doubtful deficiency of resonance under the right clavicle, with feeble inspiration; rhonchus existing in other parts of the chest. Another had been ill six years, and there was deficient resonance under the right clavicle, with feeble inspiration. The third had suffered from hæmoptysis, and presented harsh inspiration and prolonged expiration under the right clavicle.

In the cases in which lung-tissue was found in the sputa, some presented deficient resonance on percussion under the clavicle, or in the supra-scapular region. In some there were "clicks of dry rhonchus," diminished, or harsh inspiration, or prolonged expiration, and in some, increased vocal resonance in the apex of the lung, combined with the general symptoms indicating phthisis. All were examined with the double stethoscope. In these the amount of lung-tissue coughed up, was smaller than in persons in the later stages of the disease; and the proportion of fragments of isolated air-cells was unusually large, and the pieces of bronchial tubes were of small size.

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The microscope is, therefore, in this stage, a most valuable adjunct to auscultation, inasmuch as it shows that in the majority of cases in which physical signs of the existence of tubercle are present, softening of the deposit has already commenced, and lung-tissue, in small quanties, is being expelled. Nor is it of less value when it proves that no ulceration is taking place, for such a fact should induce us to look hopefully upon such a case, and should encourage us to persevere in our endeavors to ward off attacks of inflammation.

2. STAGE OF SOFTENING.

In twenty-four cases there were well marked signs of this stage, consisting of greater or less amount of dullness on percussion, with numerous rales, and in all of these a single trial showed the existence of lung-tissue in the sputa. The amount of lung expelled is generally greater in this than in either of the other stages of the disease. As the other means of diagnosis at our disposal are usually sufficient to point out the true nature of such cases, the microscope will, in all probability, be only useful as a confirmation of the truth of our opinion.

But there is another class of cases in which the stethoscopic indications are more obscure, and in this microscopic investigation is likely to be of the greatest value. The following case is an illustration of this remark:

CASE 1.—A man, æt. 27, applied at the hospital, complaining of cough, copious expectoration, severe sweatings, and rapid loss of flesh. He had only felt ill for two months, but his pulse was very quick, and his voice whispering.

There was no dullness on percussion, but a dry rhonchus was heard on the whole of the anterior part of the chest, and mucous rales were present at the base of each lung. The microscopic at once showed the nature of the case by detecting sixty fragments of pulmonary tissue in the mucus expectorated during only five hours.

There is, again, another class which often causes much doubt and anxiety to the practitioner, viz: where rapid loss of flesh and severe night-sweats take place in a person who has for many years been affected with chronic bronchitis. Here, the existence of emphysema often masks any dullness on percussion that might otherwise be produced by the tubercular deposit, and auscultation fails

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to afford decisive evidence as to the actual nature of the disease. Of this the following is an example:

CASE 2.—A man about forty years of age applied to the hospital, with cough, expectoration, and rather rapid loss of flesh and strength. He had been for four years subject to bronchitis in the winter, but had each summer been relieved, and he felt confident that, as soon as the warm weather returned, his symptoms would be again alleviated. He had never had hæmoptysis. There was no distinct dullness, and the cardiac region was very resonant on percussion. There was loud and harsh inspiration, both at the front and back of the chest, with mucous rales below the clavicle. The microscope showed forty-three pieces of lung tissue in the expectoration.

I examined the sputa of fifteen cases in which auscultation afforded doubtful evidence of the existence of tubercle, and in seven I found pulmonary tissue. On the average, the proportion of bronchial tubes amounted to fourteen per cent. of the fragments of lung-tissue in the expectoration. It is worthy of remark that this is nearly the same proportion as was found in the cases which are considered by stethoscopists to be in the stage of "deposition of tubercle," whilst where decided dullness and mucous rales existed, the proportion of tubes formed only nine per cent. May not this difference arise from the tubercle being more deposited, in the former class, in the mucous membrane of the tubes themselves, whilst in the latter the air-cells are more exclusively affected."

But if the pressure of pulmonary tissue in the expectoration of patients in this stage be so general, it will be readily seen that its absence is a most important fact in the history of any particular case. To show the practical bearing of this, I have added the following case:

CASE 3.—A woman five months pregnant was admitted an out-patient of the hospital, complaining of severe cough, expectoration, and great loss of flesh and strength. I thought I detected a little deficiency in the resonance of the right sub-clavicular region, and there were some mucous rales on the left anterior chest, with harsh inspiration at the base of each lung. I could find no lung-tissue in the expectoration, but her general symptoms were so threatening that I re-examined it a fortnight afterwards and with the same result.

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She steadily improved under treatment, and at her last visit reported that her cough and expectoration had both ceased.

3. STAGE OF CAVITY.

In thirty-five cases the stethoscope detected signs of cavities in the lungs, and in every instance there was lung-tissue in the expectoration. In one case I failed to find any on the first trial, but on repeating the experiment a week afterwards, with another specimen of the sputa, ten fragments were discovered.

I was disappointed in thus finding elastic fibre in every case, as in a considerable number of the patients the general health had so greatly improved, and the expectoration had so altered in character and decreased in quantity, that I had hoped to have been able to prove the complete arrest of the ulceration to be not infrequent. Two persons with stethoscopic indications of cavities in the lung, whose cases are not included in this paper, denied that they had any expectoration at all.

One patient stated that he only expectorated a little mucus for about half an hour each morning, but even this, when examined, was found to contain twenty fragments of lung. Another coughed up only a little thin, semi-transparent mucus in the mornings, and in it were contained eleven pieces of cell-structure and a bronchial tube.

But if the expulsion of the elastic fibre of the lungs is so general where cavities exist, it will be easily seen that the microscope is likely to prove of value in the diagnosis of enlarged bronchial tubes. I carefully examined the expectoration of two persons in whom I believed this condition to be present, and in neither case could I discover any fragments of lung.

As in all the stages of consumption we find portions of lung in the sputa, it will be interesting to ascertain whether there is any difference in the size of the pieces expelled in different periods of the disease.

In order to discover this I carefully counted the size of the fragments in sixty-nine cases, and from these the following table has been formed:

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TABLE SHOWING THE SIZE OF THE FRAGMENTS OF LUNG CONTAINED IN THE EXPECTORATION OF SIXTY-NINE CASES OF CONSUMPTION.

Stage according to auscultation.	Fragments of bronchial tubes.	Fragments of single air-cells.	Fragments of from one to six air-cells.	Fragments above the size of six air-cells.	Large fragments.
8 Cases of deposition of tubercle with well-marked physical signs	15 p. c.	41 p. c.	34 p. c.	10 p. c.	—
7 Cases of softening stage without marked dullness on percussion .	14 p. c.	33 p. c.	43 p. c.	7 p. c.	3 p. c.
22 Cases of softening with decided dullness on percussion . .	8 p. c.	32 p. c.	46 p. c.	12 p. c.	0.5 p. c.
32 Cases of cavity . .	18 p. c.	31 p. c.	37 p. c.	12 p. c.	2 p. c.

It will be remarked that the proportion of bronchial tubes expectorated is smallest in the cases of the second stage, in which well-marked dullness showed the cellular structure of the lung to have been greatly implicated. It is greatest in those in which the signs of cavities existed, probably from the tubes which had formerly escaped destruction being in this stage attacked by the disease. Where cavities are present the large size of the tubes present in the sputa at once attracts the attention of the observer.

It might be supposed that there would be a great proportion of fragments of cells and an absence of larger pieces of lung in the stage of deposition, where the cavities formed are too small to give rise to the sound of mucous rales, and this the above table shows to be the case.

The proportion of fragments varying from one to six cells is greatest in the softening stage, and we can well imagine that cavernules likely to produce the crepitations so generally heard at this period would be the result of the expulsion of the fragments of this size. I have usually found that the size of fragments of lung coughed up in each case varies according to the sounds heard by the stethoscope; the finer the crepitation, the larger the proportion of the smaller pieces.

The appearance of the elastic fibre itself also varies in different

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cases. In some it is remarkably thin, whilst in others it is very coarse, granular and opaque. This latter appearance is generally found in chronic cases, and especially in those with well-marked signs of cavities. I have met with it in post-mortem examinations in the walls of old cavities, and I believe it to indicate previous inflammation of the fibrous structure of the air-cells.

In order that the examination of the expectoration for lung-tissue should be successful, considerable care is requisite. A solution of pure caustic soda should be kept ready, about fifteen grains to the ounce of distilled water, and equal parts of this and of the sputa should be used. This mixture should be boiled for two or three minutes in a wide beaker, over a rose gas-burner or spirit-lamp, being occasionally stirred with a glass rod. When dissolved it is to be poured into a large conicial-shaped glass, and three or four times its bulk of cold distilled water is to be gradually added. It may be then set aside, in order that all the particles not capable of solution in the soda may subside.

The deposit should be placed in very shallow cells for examination. The cells should be cut out of vulcanite of the thickness of an ordinary visiting-card, and should be fixed to glass slides, with cements capable of resisting the action of alkaline solutions. If deeper cells are used there is a great probability that many of the fragments of lung-tissue may be overlooked.

I generally use a microscope fitted with a double arm, carrying an inch-and-a-half and a half-inch object-glass, with the tube drawn out to its fullest extent, and having a No. 2 eye-piece. The intention of this arrangement is, of course, to obtain as large a field as possible, conjoined with sufficient magnifying power.

The chief precaution to be observed is perfect cleanliness of all the apparatus, for the elastic fibre clings firmly to glass. The dipping-tube should be therefore always both brushed out and washed after each examination, or a fresh one should be used on the next occasion.

There is no difficulty in distinguishing the elastic tissue of the lung from other matters that may exist in the expectoration. It is often found clinging to filaments of hair, silk, &c., but in all cases the fineness of the fibres, their regularity and dichotomous division, render detection certain and easy.

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Dr. Storer's Prize Essay; A Few Remarks by a Woman.

While the medical world is discussing a question relating so definitely to the interests of her sex, we think woman herself should not remain altogether silent. If the wives of physicians—who, sitting at the door of the profession, know something of what is going on within—do not speak, perhaps there are none who will. We are glad that some one of the profession has transcended the barrier, and stretched forth a helping hand to save woman from—worse than suffering—worse than death—from crime; and, notwithstanding the opinion of British journalists, we do not see that the matter could have been reached by any other class than the medical profession. We are ready to add our testimony to that of others, that Dr Storer's arguments against abortion as a crime, are earnest, powerful, convincing. The same may be said with reference to the risks of physical evil to the mother. Once establish the fact that abortion is crime,—that the taking of life in one stage of existence does not differ materially from taking it in any other—and there are not many so hardened, so reckless, as willingly to take upon their consciences so great a stain. These are the really effective arguments of the book,—and we could wish that with these alone it had been committed to the public. Admitting the truth of them, as we do,—what then? Because the remedy is not to be sought in the commission of crime does it follow that no remedy is needed? That there is nothing of which any woman of proper feelings will complain? Because relief has been sought in an improper channel, does it follow that her motives are just as wrong and improper? This is just what is assumed, and here is where the error lies—in a misapprehension of the motives—the causes.

One woman has already spoken on this head. We refer to an article published originally in the *Boston Medical and Surgical Journal*, under the title, "Why Not?—A Woman's View;" and republished in the CINCINNATI JOURNAL OF MEDICINE for December. We did hope this article, important as it was, and appearing, as it did, in a leading medical journal of the East, and another in the West, might, at least, have reached the different members of the profession, and by its modest purity, and the entire truth and mod-

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eration of its statements, serve to correct certain erroneous ideas concerning this subject. We had hoped it might be doing its work silently, and that nothing more need be said. But we fear we have been disappointed.

It is claimed, truthfully we believe, that physicians have the power to mould public opinion upon these matters. How careful then should they be, to see that their own opinions are free from injustice; error at the fountain-head will taint the whole stream; and error, originating with an honorable profession, will work infinite harm. It is to be hoped then, if nothing more be offered, that some steps may be taken to give the article alluded to, brief as it is, a wider circulation. It embodies the truth, as we believe, in language to which none can object; it will do good, and not evil, in every home it enters. There is one argument of Dr. Storer's, of which we desire to speak. It is this: "To the woman in good bodily condition occasional child-bearing is an important means of healthful self-preservation;" also, "In this lies her greatest safeguard for length of days, and immunity from disease." Let it be understood, this is not speaking relatively, as compared with the risks of abortion, but positively.

Now we think this is injuring a good cause by attempting to prove too much. What is meant by the word "*occasional*," does not distinctly appear; but when, on comparing one part of the book with another, we find nursing to be the only limiting circumstance that is admitted to be perfectly consistent with the mental, moral, and physical well-being of woman, we conclude that "*occasional*" may as well be read *continual*. Every one knows that many mothers die in giving birth to their children; many previously healthy women come out of this terrible ordeal with diseases and ailments which must entail suffering on them for the remainder of life, disabling them and rendering work a burden, just when increasing cares must tax their strength to the utmost. Nor does it end with physical ailments alone. We are cognizant of instances of puerperal mania, causing insanity for months, for years, perhaps for a life time. Neither can it be desirable for any woman who values the full use of her mental faculties, as the greatest of earthly blessings, to spend so great a portion of her life in a condition which renders her "subject to thoughts, convictions even, which at other times she would turn from in disgust or dismay," to say nothing of nervous irritability, which renders all the world

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unlovely to her, and her unlovely to all the world—and which too often serves as a pretext for neglect. Surely any immunity from disease, above what she would otherwise enjoy, would be dearly bought at such a price. Feeble women are sometimes seen struggling along with ill health, and large families, striving to convince themselves that otherwise they might have been in their graves; but on what they base their belief, it would be dificult to say. That certain uterine disorders are remedied by child-bearing, we believe is true; but beyond that we know of nothing else. Doubtless, many of the physical ills referred to, are caused by over-work, rendered unavoidable by the care of a family, by the business arrangements of the husband, made without reference to the comfort of his wife, and by the almost utter impossibility, in many places, of obtaining efficient help; often by the ignorance of the young mother that she should spare and care for herself. But let them arise from whatever source they may, they never will be successfully met by ignoring their existence; and just so soon as child-bearing is recognized as a function, fraught with peril to life, peril to health, inseparable in most cases from the severest suffering, both mental and physical, just so soon may we hope for that kind, considerate and forbearing treatment on the part of the husband which his wife would be the happier for receiving, and he the better christian for giving. But what shall we say of that husband who sees his wife go, each time, nearer and nearer into the dark valley, and each time return with less and less vital power to take up her increased burden,—and refuses to consider—refuses to be warned—till at last she goes down to return no more? Will he be held guiltless?

All arguments which fail to take into consideration the dark side of the picture, and allow its full weight, will be unavailing. In attempting to decide what is best for woman in this matter, it is certainly forgotten that she knows both sides from actual experience. Do not suppose that she is incapable of estimating the effect of different influences in life, and knowing what adds to her happiness, and what detracts from it. In view of these considerations would it not be well to take into account just what she *does* think—rather than attempt to prescribe, from a man's stand-point, what she *ought* to think?

We can not think public sentiment so perfectly depraved, with reference to these things, as some suppose. Maternal love is just

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as powerful to-day as in any former age of the world—to "maternal duties and cares in moderate degree," few object. But those very things which, in moderation, may develop some of her noblest powers, may, in excess, destroy every attraction she possesses—nay, love itself may perish, choked out, like so much other good seed, by too much worldly care. And when the fair vision of happiness, which rose before her so brightly on her marriage-day, has been blotted out, by years of disappointment and suffering, —would it then be just, or generous, to remind her, if she complained, that she had better have remained unmarried?

Often the strength of the wife, almost or quite unaided, is the power which must keep in motion the whole domestic machinery, establish and maintain order, neatness, comfort—everything which renders home pleasant and attractive. Under these circumstances she has little opportunity to spare her strength for the fulfillment of her "highest duty." Duty presses at all points. Can you blame her if she shrink from adding another burden to the already overtaxed strength? What wonder then, if between constantly increasing maternal cares, on the one hand, and her anxious, despairing efforts to keep her home up to the proper standard, on the other, she is crushed, as between the upper and the nether millstone? And let us remark, in passing, that the standard of American homes is being elevated constantly and rapidly. Be assured there is something more than frivolity and vanity, at the bottom of all this.

What if there should even be left lingering a little of the desire for self-culture which was stimulated as something so praiseworthy, in her youth? Would it be set down to the credit of selfishness altogether? To educate woman merely for household duties was, some time since, decided to be wrong; but is it not, at best, a doubtful benefit, which awakens intellectual and refined tastes, if she must be consigned to a life which precludes their exercise and enjoyment? It is generally believed that the one overwhelming objection to maternity, is physical suffering. Doubtless it is with many; but there are those with whom other considerations, we think, would outweigh even this. It involves the loss of so much that is pleasant, profitable, attractive in life. Her thoughts—which before had gone out in so many different channels, social, benevolent, religious—are at once checked—turned in upon herself. Instead of these interests, she has solitude, ill health, the certain prospect

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of great suffering—of possible, and more than possible, death. Striving with her feeble health to meet the cares which already devolve upon her—to extend her provisions as far as possible into the future for the benefit of those who may be left without her care—little thought, little time, can she have for anything else. Her husband, quite likely goes on his way—his mind preoccupied with a hundred different interests—continues to enjoy in undisturbed serenity the things of which she is deprived, sits complacently in his seat in church, from which she is excluded for months together—would in all probability consider it a selfish exaction if he were required to forego these things for anything less than absolute helpless sickness on the part of his wife: yet fails utterly to see, what perhaps is the truth, that it is a selfish exaction on his part which has deprived her of so many enjoyments, So they go on from year to year—the interest of the one here, the interest of the other, there. This difference of interest, where at first perhaps there had been such perfect companionship, is a sad thing for any true-hearted wife to bear. Besides, any one who has the slightest sense of justice, will rebel against suffering privations for the sake of one who will bear nothing in return.

Indifference on the part of the husband may be the bitterest drop in the whole cup. Many men really do not consider that there is anything in the case requiring either sympathy or care—she is only fulfilling the end for which she was created—doing nothing more than her duty—and has she not just had it from high medical authority, that in this lies her greatest security for health and long life? What is there in all that which she should complain of, or that he should sympathize with? So he leaves her to nature, and goes his way; he himself, does not so much as touch the burden with one of his fingers.

These reiterations of "duty," and "appointed end," coming thus, as they generally do, from those who have nothing to suffer in the matter, and who bear the little they might, often very reluctantly and grudgingly, possess very little weight indeed. Here, as in many other cases, "those who insist upon the duty of self-denial are in situations very favorable to self-indulgence." How different is it all, when the wife is sustained by the consciousness that she is adding to the happiness of a generous husband—one who values her happiness, and guards it—who sees and appreciates the sacrifice, and is willing to reward it to the best of his abilty—who

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prizes her children—not merely tolerates them. Let her have these assurances, and see if she does not walk bravely, courageously, along the thorny way.

Christian treatment is all we ask, for women; not the treatment she receives from those who think the primal curse pronounced upon her, confers the right upon her husband to exact of her what he will, at any expense of suffering to herself. It was no such selfish sentiment as this, that Christ enjoined, when he gave, as the model, his holy and self-sacrificing love for the church—the love which gave himself for it.

The idea prevails that it is the duty of the wife to bear an amount of self-sacrifice, out of all proportion with anything required of the husband. Often she could make a better stand in her own behalf, if she were not misled by false notions of duty. Many a one considers herself almost a saint for the yielding submission, which is working disaster to both herself and her husband. We hear of the "wife's duty"—"the husband's rights." When a husband regulates his conduct by such ideas as these, there is generally little that is generous and noble in his love. There may be preference, there may be fondness even, but it is a preference and a fondness which brings only bane to its object. A populous and powerful nation is certainly a fine thing to contemplate; but we fear that Dr. Storer—in his patriotic appeal to American women, to people our savannas and prairies with their own sons, and not suffer them to be taken by aliens—did not count the cost. Why, if aliens need them worse than we, let them take them. Never fear, if we do our duty as a people, but there will be salt enough left to save the nation. Are we not called upon, almost daily, from the pulpit, by the religious press, to give our brightest sons, to be missionaries, to christianize these aliens! Shall we give them our sons, and deny them the land we do not need? Hundreds of silk-weavers in the city of Lyons, in want and destitution; millions perishing of famine in India; these are things which appeal to humanity. But millions of acres, lying uncultivated in the South and West, do not move us a whit. Women are not insensible to considerations of national greatness, but matters of so delicate a nature, as that under discussion, should be regulated by the most delicate private considerations.

There is one cause which certainly tends, with powerful effect, to render women dissatisfied with home duties; viz., the compara-

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tively low estimate at which they are held by men. We do not forget the fact that business compels most men to be absent from home the greater part of the time. But it is not business alone, which stands responsible for this evil. Public duty, in every shape, takes the precedence, often to the almost utter neglect, of private duty; and, what is more dangerous still, quiets the conscience on the score of duty altogether. There are men who are devoted to the interests of the church—to the cause of public education—to every good work under the sun—who either do not find the time or the will, to give their own families the watchful care necessary to keep them from temptation and error. To suppose that God holds us responsible, in a higher degree, for the welfare of our neighbor, than for that of our own household, seems to us a great misapprehension of duty; yet practically, this is just what it amounts to.

Is it surprising that women come to regard these things as least honorable, to which they see least honor given? If men find it easier to do their duty in public, sustained by the approval of others, let them remember it is not so easy for women to do their duty in private—with none to approve, and none to witness.

If children were more frequently brought *directly* under the moulding influence of a judicious father, it would be better for both parties. If home interests had a stronger hold on the heart of the husband, be assured they would possess greater attractions for the wife.

Anæsthetics are not, at the present time, in sufficient general use, to have much weight upon the subject of abortion. Many physicians object entirely to their use in labor; upon what ground we do not know. But there is, on the part of the community at at large, a fear of anæsthetics, which, if not removed, is sufficient to prevent their general use. If physicians themselves, are convinced that chloroform can be administered with safety, it is certainly their duty to seek to overcome this prejudice. The testimony of those who know its value from experience, is that it can not well be overrated. It is to be hoped that future investigations will turn the scale in favor of its general use. This is a subject which appeals to every instinct of humanity and christianity; and if physicians would do their duty as christians, they can not, like the Levite of old, pass suffering by on the other side.

The surest way to prevent crime is to lessen the temptation; and it is to express the hope that something may be done to this end, that we have spoken on the subject at all.

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Traite Experimental et Clinique de la Regeneration des Os et de la Production Artificielle du Tissu Osseux. Par L. OLLIER, Chirurgien en chef de l' Hotel-Dieu de Lyon; with nine copper plates and forty-five wood-cuts; 2 vol. 8vo. Paris: Victor Masson et Fils. 1867.

This magnificent work is dedicated to Cl. Bernard and A. Velpeau. Since the publication of his article in the *Gazette hebdomadaire de Medecine et de Chirurgie*, in 1858, and which was entitled "On the Surgical means for promoting the Reproduction of Bone after Resections," (*Des moyens chirurgicaux de favoriser la reproduction des os apres les resections,*) the name of Ollier has become most widely and favorably known in connection with the brilliant achievements which, of late, have been accomplished in the surgical treatment of the diseases of the osseous system. In his preface the author states that, as regards the resection of joints, he has discussed the subject in a manner different from any other experimenter. He has shown the importance of the continuity of the canal, or of the "*periosteo-capsulaire* sheath, in the reconstruction of new joints—in other words, articulations of the same type as those which have been removed." Herein consists the most important of his researches, as regards conservative surgery. By comparative experiment, I ascertained why the ancient methods were insufficient to re-establish the true articulation. Motion, it is true, was preserved, but not that of the true articulation of bones. I believe that something more was needed, and the result of my experiments has been to furnish both the physiological principle, but also the operative method of a new system of resections. The third point, that is the *osteoplastie periostique* is based physiologically upon my experiments on the transplantation of the periosteum. I have demonstrated, indeed, the two fundamental facts which justify surgeons in attempting this operation, viz: the ossification of the periosteum detached from the bone and placed in its unnatural connections; and the absence of necrosis of the denuded bones. Then it was that I proposed to repair loss of substance in the skeleton of the face by including the periosteum in autoplastic flaps. I did not at once transfer to the human subject these various operative methods. At that time I had no hospital wards, and the only op-

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eration, to which I could appeal, in 1849, was a case of subperiosteal resection of an elbow, performed by M. Verneuil at the hospital Beaujon. No sooner, however, than I was appointed surgeon of the Hotel-Dieu of Lyons, than I began to verify on man the experiments I had performed on animals."

We hope soon to present our readers with extracts of a practical character from this most valauble work. G. C. B.

MISCELLANY.

Surgeon-General McDermont's Report.

MESSRS. EDITORS:—Please allow me space for a few words in reply to Professor Hamilton's strictures upon my "endorsement" of Surgeon-General McDermont's report.

I quoted the report as evidence of the necessity of the passage of a measure which would, undoubtedly, be of essential service to the profession in elevating the character and standing of its members, and to the community at large, by ensuring well-educated medical men. I quoted it without thought of examining into its correctness, and claim that it was perfectly right to do so, it being a public document. I, therefore, leave to Dr. McDermont the task of verifying the statements contained therein. I deny having "denounced" my medical brethren; deny that such a construction can justly be placed upon the position taken, that "the possession of a diploma is no longer considered a guarantee that its holder is a well qualified medical man.." I deny, too, most emphatically, any intention "to read the great body of the profession out of respectable standing."

Since the bill has been defeated, it is needless to adduce further arguments in its favor. They are, by no means, exhausted, however, and I may be allowed to mention one not included in my last letter. I allude to the number of men practicing medicine, (regular,) who are not gradutes.

In the county in in which I reside, quite one-half the practice, outside of the city, and towns, is in the hands of such men. Now if an army examination of graduates gives a poor record, how would it be with these? They have entered the profession without any examination as to qualifications or acquirements, and the community suffers the consequences.

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It is noteworthy that Professor Hamilton can not find a word to say in favor of the measure under discussion; he avoids the real issue entirely, and confines himself to a point upon which I shall be gratified to find that an error has been committed. Yet, if men, occupying the high position he does, as a practitioner, and as a teacher, do not support a measure so evidently necessary, we may well despair of any efforts, in this direction, to elevate the profession and protect the community. Yours, &c. J. C. REEVES.

Dayton, Ohio, April, 1867.

Loose Cartilages and Internal Displacement of the Semilunar Cartilage.

Mr. Holmes Coote, in his recently published treatise on *Joint Diseases*, London, 1867, p. 141, thus describes the above conditions:

"I feel," observed a patient to me, "as if at a moment the whole limb, from the knee downward, was numb. If I press on some movable body when it has slipped to the outer side of the patella, a sharp pain runs down to the three outer toes. If I press on the body when it has slipped to the inner side, the pain extends to the great toe, and the toe next to it. The pain is that of a sharp knife, which can not cut its way out." In this case the application of a stiff knee-cap afforded immediate relief. Displacement of cartilage is supposed to depend on a subluxation of the external semilunar cartilage. It cannot be the internal, inasmuch as this latter is half moon shaped, and fixed by both extremities to the bone, and by its middle to the internal lateral ligament. The external semilunar cartilage, on the other hand, forms nearly a complete circle, and is attached only at that point where its two extremities meet. In order to put the part right when displaced, first bend the knee to relax the ligaments and then sharply extend; the articular surfaces of the joint coming together press the cartilage into its proper position."

We have often treated successfully the subluxation (Hey's), above described by Mr. Coote, and by the method recommended by him. In reference to the treatment of the "loose cartilages," at p. 53, Mr. Coote quotes from the third volume of Holmes' *System of Surgery*, p. 739, the analysis by M. Larrey, of 167 published cases of removal of loose cartilages by operation—"out of 121 cases in which the old or direct method was employed, 98 were successful, 5 doubtful, and 28 died; whilst of 39 indirect operations, 19 were successful, 15 failed, and 5 died." This fearful mortality and want of success would seem to justify the following

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condemnation of the operation, expressed by Mr. Vincent, in his *Observations on Surgical Practice*, London, 1847, p. 294. This distinguished and most experienced writer remarks: "I once saw an adventitious cartilage removed from the knee-joint of a fine young woman, and the result of the operation was, that she died in less than a week from violent inflammation of the synovial membrane. Such an event, implying the fearful chance of sudden death, must make a surgeon, who feels his deep responsibility, pause before he can recommend an operation for this purpose; particularly as the evil may be made very tolerable by bandages and contrivances, and so continue of less magnitude than many of the calamities which can not be shaken off, and under which life is often passed with cheerfulness. I have observed that if this operation has been successful after the healing of the wound, there has then remained a considerable limitation in the free motion of the joint; and the same circumstance has likewise taken place in those cases which have got well after the joint has been accidently punctured. From this observation I am led to suppose that in all successful cases of this kind that will happen, which we know takes place in wounds, into the cavity of the peritoneum, which is, that adhesions are formed between the edges of the wound in the synovial membrane, and the part upon which it lies, and thus, as in the case of the peritoneum, the inflammation is circumscribed to the mere wound and therefore checked from spreading."

In the *Nouveau Dictionnaire de Medecine et de Chirurgie*, Vol. III, p. 38, Panas, in his article on the *Articulations*, quotes more fully from the memoir communicated by the Baron H. Larrey to the *Societe de Chirurgie* (Paris), in 1861. M. Panas refers to the other very important points mentioned in the above memoir, which have not been referred to by Mr. Coote. Of the 98 cases in which the body was successfully removed by the direct method, 10 resulted in ankylosis, 8 were complicated with serious accidents, such as suppuration, etc., while 2 were followed by hydarthrosis. In view of the facts recorded by Baron Larrey, M. Panas justly remarks that these operations should never be attempted until palliative measures have been fairly tried and failed, and the pain and swelling caused by the foreign bodies have become insupportable.

G. C. B.

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PARACENTESIS PERICARDII.—This operation has been again successfully performed at the Leeds Infirmary, England, by Mr. Wheelhouse. He passed a fine trocar half an inch from the left side of the sternum, and opposite the upper margin of the costal cartilage of the fifth rib. On withdrawing the trocar about two and a half or three ounces of a pale pink coagulable serum escaped, at first in a steady stream, but afterward subsiding into a saltatory flow coincident with the heart's contractions. The operation was performed on the 19th September, 1866, and the patient was discharged cured on the 13th of October. He was 26 years of age, and had suffered severely from acute rheumatism. In our *Appendix* to the third volume of Velpeau's Operative Surgery, we thus noticed the recorded cases of this operation, p. 927. There is reason to believe that the first successful operation of the kind was performed by the late Dr. John C. Warren, of Boston. M. Trousseau has reported another case in the *Archives Generales de Medecine*, for November, 1854. Another case occurred in the practice of Schuh, of Vienna. This patient died some six months afterward, and at the autopsy the point at which the pericardium had been punctured was found adhering to the heart by thick cellular tissue. G. C. B.

DIAGNOSIS OF INJURIES OF THE CRANIUM.—"When a blow, as by a hammer, is made on the scalp, blood is extravasated at that part, causing an elevation. The blood coagulates around the spot upon which the hammer struck, so that the elevation resolves itself into a central hollow of fluid serum, and a surrounding elevated ring of solid fibrine, giving rise to a sensation of depressed bone in the center. If, however, you press firmly for a minute or two with your finger on the annular elevation, and it be simply blood and fibrine, it will gradually depart, and you then feel the bone in the center of the swelling, evidently on the same level as that of the surrounding bone; there is evidently no central depression."

We make the above extract from a clinical lecture by Mr. John Hilton, and published in *Guy's Hospital Reports*, 1865. In not a few instances have we known practitioners mistake the "central hollow" mentioned by Mr. H., for a depression of bone. G. C. B.

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GANGRENE OF CHOLERA AND DIABETES.—In the April number of the "*Archives Generales de Medicine*," is an article on "Gangrenous accidents in Cholera," by A. Mouchet, a hospital interne. The cases were observed in "l'Hotel-Dieu," during the last year. After alluding to the articles of Boillaud, Gendrin and Tardieu, and one in the "*Dictionaire de Fabre*," he relates six cases, with the autopsies; one of gangrene of the lower lip, two of the lungs, (one of the latter furnished him by M. Penieres, from Amiens, where cholera made great ravages)—one of gangrenous spots around a blister—one of partial gangrene of right arm and fore arm, and one of phlegmon and gangrene, in the right scapular region. These occurred always in the period of reaction.

He remarks, "Choleraic gangrene occurs then, and this morbid action should not be considered as an exceptional accident, and independent of cholera, but as one of the possible effects of this terrible disease."

He considers it to bear as close a relation to cholera as gangrene in diabetic patients does to the diabetes. It can attack either the alimentary canal, or the lung; the skin or the extremities of the intestines; the large are oftener affected than the small. It has not been positively seen in the stomach. It has been oftener observed in the intestines than any where else. "Perhaps we can find the explanation of this in the derangements of the circulation, of which the intestinal mucous membrane is the seat—either during the algid period, or during the period of reaction."

The fact, which M. Gubler sustained by numerous observations during the epidemic of last summer, that in the reaction period of cholera, sugar always is present in the urine, is commented on by the author, and suggests the similar accidents in diabetes. He says: "In considering the analogy which exists between diabetic and choleraic gangrene, it seems that we can conclude that both acknowledge the same cause; but the facts are not sufficiently numerous to affirm any thing positively in this respect." M. Gubler alludes to the relation which exists between certain complications common to diabetes and cholera.

In relation to choleraic gangrene of the lungs reported by him, Mouchet says: "In one case there was pneumonia and gangrene. But the sphacelus of the lung did not depend on inflammation, for the pneumonia was seated in the superior lobe of the right lung whilst the pulmonary tissue, which surrounded the gangrene in the middle lobe, was simply congested."

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"In the second case, inflammation and gangrene of the lungs had been diagnosed during life by the fœtid odor of the breath and sputa; and the expectoration of the gangrenous detritus." Double gangrenous pneumonia is spoken of by M. Royer as a frequent termination of diabetes—an important characteristic of it, according to Marchal (de Calvi) is the absence of fœtid smell of the breath and sputa, except in a case observed by Fritz.

In a late number of the "CINCINNATI JOURNAL OF MEDICINE," mention was made of gangrene supervening in an aged diabetic patient. The cases detailed by the author in the "*Archives*," suggest interesting points of relation between diseases apparently wide apart.

THE OHIO STATE MEDICAL SOCIETY will hold its next Annual Meeting at Yellow Springs, on the 2d Tuesday of June.

The Executive Committee have made arrangements with the proprietors of the *Yellow Springs Hotel* and *Neff House*, to accommodate the members of the Association, and their families, on very reasonable terms. An arrangement is also being made with the railroads, to secure half-fare tickets.

Yellow Springs, the seat of Antioch College, is celebrated for the grandeur of its scenery and the quality of its mineral waters. It is the most popular summer resort, for health and pleasure seekers, of any watering-place in the West. It is situated on the Springfield and Xenia Railroad, about sixty miles north of Cincinnati. Being in communication by rail with all parts of the State, it is hoped that the attendance this year will be unusually large. The meetings will be in the Presbyterian Church, close to the hotels.

CINCINNATI ACADEMY OF MEDICINE.—At a meeting held on the 4th of March, the following officers were elected: Dr. John L. Vattier, President; Dr. John Davis, First Vice President; Dr. W. H. McReynolds, Second Vice President; Dr. G. S. Courtwright, Secretary; Dr. W. T. Brown, Corresponding Secretary; Dr. J. S. Unzicker, Treasurer; Dr. W. B. Davis, Librarian. Appropriate remarks were made by the retiring President, Dr. Carroll, and by his successor, Dr. Vattier.

PROFESSOR GUNN, of the University of Michigan, has resigned his place in that Institution, and accepted a call to Chicago, to fill the chair of surgery, vacated by the death of Professor Brainard. We learn that Professor Greene, of Pittsfield, Massachusetts, has accepted a call, to fill the vacancy, caused by the resignation of Professor Gunn.

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THE AMERICAN MEDICAL ASSOCIATION.—Within a few days this Association will meet in our city. The Committee of Arrangements has, for some time, been actively engaged in preparing for this event. It is believed that it has succeeded in making such arrangements as will secure commodious business rooms, and make the stay of our friends agreeable. Its duties have been arduous, and it deserves the thanks of our profession.

There is an universal desire, in the profession here, that the members of the Convention shall have a profitable and a pleasant visit, and, so far as lies in its power, the profession will work cordially to that end.

In another part of this number of the JOURNAL, are some suggestions, looking to important changes in the general method of conducting the sessions of the Association. With the writer, we agree in his general proposition, that the Association should be made more of a working and scientific organization. The scope of work which its rules propose, is far too large to be satisfactorily worked out in the present mode of conducting the meetings. The results, as exhibited in the annual volume of Transactions, are not satisfactory. It is by that volume we must judge it mainly. Any one, who will candidly examine the Transactions of last year, will, we think, fail to recognize in them the high order of merit which we have a right to expect, and which the profession in this country are capable of attaining.

The readers of the JOURNAL will have, in the next number, an abstract of the most important proceedings of the Association.

I. BAKER BROWN AND THE OBSTETRICAL SOCIETY OF LONDON.—By the last number of the *Medical Times and Gazette* which has reached us, we are informed of the expulsion of Mr. Baker Brown, from the Obstetrical Society, for unprofessional conduct. The principal charges brought against him were—his having practiced the operation of "Clitoridectomy," without the consent or knowledge of his patients, or their relatives; his having ignored the regular medical attendant, by operating without notifying him of his intention; by continuing to perform this operation, after he had given a pledge to the society that he would suspend the practice of it, until the society should pass upon its merits; and for willful misrepresentation in certain specified instances.

The proceedings in the case were marked by much heat and acrimony; and in some particulars, by decided unfairness. With us, such proceedings would be justly considered outrageous. Mr. Brown's defense was certainly a very weak one; but, as was claimed by his friends at the time, allowance should be made for the disgraceful interruptions, which must have embarrassed him in no slight degree. Upon counting the ballots, it was found there were one hundred and ninety-four votes for his expulsion, and only forty-one, including the non-voters, against it.

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THE

CINCINNATI JOURNAL OF MEDICINE.

JUNE, 1867.

Eighteenth Annual Session of the American Medical Association.

The Association convened at Hopkins' Music Hall, Cincinnati, on Tuesday morning, May 7, at 11 o'clock.

After a prayer by the Rev. Dr. Storrs, Dr. John A. Murphy made the address of welcome, and it was most admirable—eminently worthy of the occasion.

Dr. Askew, of Delaware, the President, then read his address—read it too closely, and with too little animation for it to produce its full effect upon his auditors. It had no general theme, but a multiplicity of topics, and contained many just observations and practical suggestions. When the address is published, we shall present some extracts from it to our readers, for no mere synopsis would be of any value.

Reports from the various special committees were called for; and these reports when furnished, were referred to the different sections; but often, sadly often, there were no reports, and the delinquent committees were in most instances continued—in some few discharged.

Dr. Pinckney, of the United States Navy, read to the Association an able and eloquent report upon the rank of *Naval Medical Officers;* and in conclusion presented the following as the remedy for the evils under which Naval Surgeons are laboring:

1. "After they have reached the rank of Commander, or are filling the position of Fleet-Surgeon, let them be by right, as they often have been by courtesy, members of the cabin-mess. If the mess of the Commander-in-Chief be too exalted a social position

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for the members of your profession, who are filling the important position of Fleet-Surgeon, then, let them be members by right of the mess of the Commander of the ship, and the Fleet-Captain.

2. "An equitable arrangement of prize-money, most important in principle, your committee hope to see effected. It will, however, require future legislation."

In European countries, the Doctor said, more liberal regulations prevail in regard to Naval Surgeons than in democratic America.

"The late Admiral Foote, so justly distinguished for his large-minded liberality, advocated the highest rank for Naval Medical officers. An Admiral, among the most distinguished in the service, has authorized it to be officially said, that he thought the Fleet-Surgeon should in our service, as in the French, be a member of the Commander-in-Chief's family. We regard it as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment."

Dr. Pinckney then offered a resolution, that a committee of five be appointed by the Chair, to present the subject to the President of the United States, and to the Secretary of the Navy. Carried unanimously.

On motion it was resolved to memorialize Congress to enact a law giving a proper share of prize-money to naval medical officers.

The committee appointed in accordance with Dr. Pinckney's resolution were: Drs. N. S. Davis, J. M. Toner, S. D. Gross, J. J. Cockerill, H. F. Askew.

We ought to mention that when the report on Insanity was called for, on the first day, and no response from any of the committee of which Dr. Ray was chairman, Dr. H. R. Storer, of Boston, made some remarks not at all complimentary to Superintendents of Insane Asylums, because of the indifference which they seemed to manifest toward the American Medical Association. Dr. Walker, of Boston, with Dr. Ray's report, arrived in the evening; and on Thursday morning read the report.

On Wednesday morning, Dr. Storer made, as it seems to us, a manly and satisfactory apology; nevertheless it did not seem quite so to Dr. Walker, who made some observations immediately after Dr. Storer, which did not evince the utmost amiability.

The subject of Medical Education was most ably presented by Drs. Gross, Davis and Stillé.

A more definite view of the ends aimed at will be best obtained

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simply by an extract from the Proceedings of the Medical Teachers' Convention, held in Cincinnati, on Friday, Saturday, and Monday preceding the meeting of the American Medical Association.

"To the American Medical Association:

"The Convention of Teachers of the Medical Colleges, convened by your committee, in the City of Cincinnati, May 3, 1867, adopted the following resolutions:

"*Resolved*, That a copy of the resolutions adopted by the Convention, certified to by its officers, be transmitted to the American Medical Association, at its next session.

"In obedience, therefore, to this action, we, the President and Secretary of said Convention, beg leave herewith to transmit the following:

"*Resolved*, 1st. That every student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificate, or by a direct examination by a Committee of the Faculty, that he possesses a thorough knowledge of the common English branches of Education, including the first series of Mathematics, Elements of Natural Sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented on the result of the examinations thus required, be regularly filed as a part of the records of each Medical College.

"2d. That every medical student be required to study four full years, including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine.

"3d. That the minimum duration of a regular annual lecture term, or course of Medical College instruction, shall be six calendar months.

"4th. That every Medical College shall embrace in its curriculum the following branches, to be taught by not less than nine Professors, namely: Descriptive Anatomy, including Dissections, Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy, and Public Hygiene; Surgical Anatomy, and Operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine, Practice of Surgery, Obstetrics, and Diseases of Women and Children, Clinical Medicine, and Clinical Surgery. And that these several branches shall be divided into three groups, or se-

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ries, corresponding with the three courses of Medical College instruction required.

"The first, or *Freshman Series*, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry, Materia Medica, and Therapeutics. To these the attention of the student shall be mainly restricted during his first course of Medical College instruction, and in these he shall submit to a thorough examination, by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

"The second, or *Junior Series*, shall embrace Organic Chemistry and Toxicology; General Pathology, Morbid Anatomy, and Public Hygiene; Surgical Anatomy, and Operations of Surgery; Medical Jurisprudence, and Medical Ethics. To these the attention of the medical student shall be directed during his second course of Medical College instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

"The third, or *Senior Series*, shall embrace Practical Medicine, Practical Surgery, Obstetrics, and Diseases peculiar to Women and Children, with Clinical Medicine, and Clinical Surgery in Hospital. These shall occupy the attention of the student during his third course of College instruction; and at its close he shall be eligible to a general examination for the Degree of Doctor of Medicine.

"The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual College term; each student attending the lecture on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior and Senior Classes, each pursue their respective studies simultaneously throughout the Collegiate year in all our Literary Colleges.

"5th. That every Medical College should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student, a certificate, specifying the time and the courses of instruction actually attended, should be given, and such certificate only should be received by other Colleges as evidence of such attendance.

"6th. That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the Trustees and Faculties of all the Medi-

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cal Colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another Convention whenever deemed advisable. Respectfully forwarded,

A. STILLE, M, D., President.

GUSTAV C. E. WEBER, M. D., Secretary."

This report was unanimously referred to the Committee on Publication; and on motion of Dr. Sayre, the Association expressed its cordial approval of the action of the Convention, and urged the adoption of the plan proposed as above, upon all the Medical Colleges of the country.

A proposition was made to discontinue the usual prizes for essays, in consequence of the Association being so much in debt; but it was negatived. The committee on Prize Essays reported through their chairman, Dr. Donaldson, that eight essays had been presented, and that the two selected were: "*On the Cause of Intermittent and Remittent Fevers*," for the first prize and "*On the Treatment of Certain Abnormities of the Uterus*," for the second. We awaited the breaking of the sealed envelopes which inclosed the authors' names, feeling pretty certain that one prize would go to Cleveland, and *guessing* that the other would go to New York City. But we were deceived—the first was the lot of Dr. Black, of Newark, Ohio; and the second that of Dr. Pallen, of St. Louis.

Dr. Post read an interesting report on *Medical Literature* in which the Medical Journals of our country, the reports of State associations, of sanitary commissions and boards of health were properly eulogized. Most inappropriately, as it seemed to Dr. Sayre, who criticized this very severely, its author introduced a description of the filthy condition of New York City previous to the organization of the present board of health, in their herculean and successful labors; the appropriateness of this episode in the report, passes our comprehension. An interesting contest occurred between Dr. Howard, of New York, and Dr. Woodward, U. S. A., of the Surgeon-General's Office. Dr. Howard was formerly of the regular army, and during the late war resorted to a new method of treating wounds of the chest. He presented some resolutions, preceded with a fearful array of "whereases," in reference to the monopoly of the medical and surgical statistics of the war at the Surgeon-Gen-

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eral's Office, declaring this exclusion contrary to the genius and catholic spirit of our profession, and obstructive of the best interests of humanity; and proposing that the Secretary of War, or other proper authority, should order these records to be accessible on certain days to all medical men who had served in the army. Dr. Howard urged the passage of his preamble and resolutions in a rather labored speech.

Immediately upon its conclusion, Dr. Woodward sprang to the floor, and by direction of the Association addressed them from the platform. In five minutes' earnest talk, he so influenced the Association that the preamble and resolutions were tabled almost unanimously.

The matter of female physicians was brought before the Association by Dr. Atlee, of Philadelphia, in the following resolution, which was preceded by certain whereases:

Resolved, That the American Medical Association recognizes well-educated female physicians by the same laws that govern its own members.

Dr. Pallen took ground against, while Dr. Bowditch was in favor of, female M. Ds.; but on motion of Dr. Davis, the whole subject was referred to the Committee on Ethics.

Our friend, Dr. Hibberd, presented the following resolutions:

Resolved, That the practice of using unofficinal preparations of medicine by physicians, except where there is no officinal preparation that will answer the purpose as well, is unscientific and imprudent, tending to demoralize the therapeutist, and to encourage irregular pharmaceutists and nostrum-makers, and should be abandoned.

Resolved, That the profession should not patronize druggists who are engaged in the manufacture of nostrums.

These resolutions gave rise to considerable discussion, and were finally referred to the Committee on By-Laws. We wonder that there should have been the least hesitation on the adoption of the first, at any rate, and we should expect but little as to the second. The matter rests for a year, but next spring we hope to witness these, or even stronger resolutions, carried in the Association, *nem. con.*

When the Committee on Nominations reported, with their nominations of officers, etc., in favor of New Orleans, as the place of next meeting, the Association had the pleasure of hearing two of the most eloquent speeches of their session.

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One of these was by Dr. Davis, in which he objected strongly to the sacrifice of so much time, at the annual meetings of the Association, to feasting and social entertainments, to the neglect of scientific purposes, and at such great expense to the entertainers that no city in the Union now presented an invitation for our meetings. He urged against going to New Orleans, that we had not been invited there; that the profession there were not prepared for our reception; that we did not know what would be the condition of things in New Orleans a year hence, whether indeed we would be permitted to go there, etc., etc. Finally, he proposed that the next, and, thereafter, each alternate meeting, should be held in Washington City, and that the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any excursion or entertainment whatever. This last proposition was, before its final passage, modified, and the City of Washington was selected as the place of meeting, on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered.

However, before these points were determined, Dr. Yandell, who wears most worthily clerical, as well as medical honors, took the platform, and spoke in a most eloquent manner in favor of New Orleans, pledging the profession of that city to welcome the members of the Association with warm hearts and cordial greetings and hailing as most auspicious this effort to bridge the "crimson waste" which war had made. When, upon the succeeding day, the matter of place of meeting was brought up for final decision, Dr. Yandell withdrew his plea for New Orleans, and Washington City was selected with great unanimity.

We believe we have now mentioned the most important matters connected with the public meetings of the Association. In another part of the JOURNAL, we shall endeavor to present a complete list of the officers and committees for the ensuing year. We can not forbear, however, expressing our pleasure at the selection of Dr. Gross, as President. Both those who appoint, and he who is appointed, are justly honored.

Work in the Sections.

Psychology.—We had the pleasure of conducting one of the Superintendents of Insane Asylums to the room devoted to this subject. But he found himself alone in his glory—not one single

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alienist to meet him; not even Dr. H. R. Storer came to teach, or be taught; whereat our wonder was doubtless greater than our friend's disappointment.

Practical Medicine and Obstetrics.—Quite a number attended the meetings of this Section, and some very interesting discussions took place. Dr. Richardson, of New York, read a paper on *Temperature in Diphtheria*, more especially with reference to Prognosis. Unfortunately, the contribution, though quite valuable, was generally regarded by members of the Section, as not being sufficiently complete in statistics—the observations were not numerous enough to establish, beyond cavil, the positions taken by its author. We heartily join in the wish of the Section, that Dr. R. may continue his investigations.

The subject of *Inhalation* was presented in the form of an abstract of a report by Dr. Da Costa, of Philadelphia; but the Section could form no judgment as to the value of the original paper, still in the hands of its author.

Dr. Taylor, of Iowa, read a paper upon *Disease of the Right Side of the Heart, observed in Soldiers*, while the author had charge of a military hospital during the late war. In the discussion which ensued upon this paper, Dr. Bowditch, of Boston, confirmed very many of Dr. Taylor's positions, from his own experience in similar cases.

Parts of a paper by Dr. Rogers, of New York City, upon *Extra-Uterine Pregnancy, its Diagnosis, Treatment, etc.*, were read by Dr. Elliott. The gist of Dr. Rogers's paper is, that in cases of this sort, when rupture of the fœtal sac occurs, perform gastrotomy; tie the bleeding vessel, or vessels, and thus have a reasonable probability of saving the patient from otherwise inevitable death. In the discussion which ensued upon this paper, the subject of *hæmatocele*, occurring in, as well as independent of pregnancy, was brought up, and remarks were made by Drs. Palmer, Bowditch, Byford, H. R. Storer, and the writer.

Some other papers were before the Section, but time and space to refer to them are wanting.

Surgical Section.—Prof. S. D. Gross, President; J. S. Little, M. D., of New York, Secretary.

Dr. L. Turnbull, of Philadelphia, presented a paper on *Rhinoscopy;* also, one on the *Bibliography and Present State of Ophthalmology;* both of which were laid upon the table.

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J. S. Hildreth, M. D., of Chicago, presented a paper on the *Action of Belladonna in Diseases of the Cornea*, which gave rise to an interesting discussion, and which was referred to the Committee on Publication.

Dr. J. L. Little, of New York, read a paper on the *Use of Plaster of Paris in Surgery*. Although the views of Dr. Little had been made known to the profession through one of the tracts issued by the Sanitary Commission, and may be found copied into "*Heath's Minor Surgery*," this paper was referred to the Committee on Publication.

Benjamin Howard, M. D., of New York, presented a paper on the *Treatment of Varicose Veins of the Leg*, which was referred to the Committee on Publication.

George C. Blackman, M. D., of Cincinnati, presented a statistical paper on *Lumbar Colotomy* (Amussat's operation), which was referred to the Committee on Publication.

The report on *Ligature of the Subclavian Artery*, by Willard Parker, M. D., of New York, was received, and referred to the Committee on Publication.

Paul F. Eve, M. D., of Nashville, presented a paper, entitled *Statistics of the Amputations and Exsections of Hip-Joint in the Confederate Service*, which was referred to the Committee on Publication.

E. Winery, M. D., of Iowa, reported a *Novel Case of Lithotomy*, which was laid upon the table.

J. C. Hughes, M. D., of Keokuk, Iowa, stated that he had prepared a paper on a *New Method of Operating for Lengthening the Femur in Deformity arising from badly united Fracture*, but had left it at home. After giving an interesting synopsis of this paper, he was requested to forward it for publication.

Prof. Post, of New York, presented a new instrument for passing a chain-saw around bones; also, an instrument for the pocket-case, as a substitute for handle of scalpel in dissections.

Dr. M. A. Pallen, of St. Louis, presented a new self-retaining speculum, to facilitate operations on the vagina and neck of uterus.

Dr. Wm. H. Mussey presented a wire speculum, to be used as a substitute for the tube in tracheotomy; also, a wire speculum for holding open the mouth during operations in this cavity. Several speakers showed that there was nothing novel in the tracheal tube.

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Dr. Atlee, of Lancaster, Pa., related the particulars of an interesting case of tracheotomy for foreign body in the trachea, in which the extraneous substance was removed with Toynbee's ear-forceps.

Dr. Howard was appointed Committee on Ligation of Arteries; Dr. Sayre on Treatment of Club-foot without Operation; Dr. Blackman on Radical Cure of Hernia; Dr. Hammar, of St. Louis, on Operations for Hare-lip. All to report at next meeting of Association.

We regret having no reports from other Sections.

Social Entertainments to the Association.

Being now a non-resident of Cincinnati, though connected with a Cincinnati medical publication, we may be permitted to speak frankly in commendation of the generous hospitality of the Cincinnati profession, and of private citizens, without being reproached with the old adage in reference to "self-praise."

The entertainment given at Melodeon Hall, on Tuesday evening, by the physicians of Cincinnati, was remarkably fine. The tables were loaded with an abundance of rich and various edibles most beautifully arranged and decorated, and every attention was shown to guests.

Then the receptions given at Messrs. Pendleton's and Anderson's, Mayor Wilstach's, and Dr. Mendenhall's, the steamboat excursion, the visit to the famous Longworth wine-cellars, and to Longview, can not be forgotten by a single person who was present, but will be forever treasured among the joyful memories of life. Nor must we omit the private hospitalities of physicians, as well as of other citizens, to so many members of the Association —the warm greetings in many households, the family tables at which those from the East and from the West, from the North and from the South (would that those from the last had been more numerous!) sat down to most generous cheer; indeed, some may have felt themselves oppressed with these kindnesses, and compelled to decline more invitations than they accepted, simply because they could not be ubiquitous and omniverous.

Cincinnati has won for herself a crown of glory, which can not be readily taken from her.

One word in conclusion. We feel that we ought to speak in no measured commendation of the Committee of Arrangements and their coadjutors. And while, where all labored so heartily, so

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faithfully, and so successfully, it may seem invidious to mention a single name, yet we can not forbear referring to the Chairman of that Committee. When Dr. George Fries, whose death a few months since many mourn with a sorrow not easily comforted, arranged at Baltimore, a year ago, this committee, he made a wise selection, especially in placing Dr. John A. Murphy at its head; and this opinion is founded only upon what we saw during the meetings of the Association, and at the various social entertainments to which its members were invited. Dr. Murphy was indefatigable—never seeming to grow weary, early or late, or to be wanting when needed. He is entitled to no trifling meed of praise. T. P.

Convention of Teachers of the Medical Colleges of the United States.

[Knowing the deep interest felt by many of the profession, and those about to enter into its ranks, in the proceedings of the Convention of Teachers of the Medical Colleges of the United States, we republish, from the Cincinnati *Commercial*, the excellent report which appeared in that paper. An erroneous impression prevails with many that the reforms proposed by the Convention were actually to be carried out at once. Neither the Convention, nor the National Medical Association, had the power to enforce the matter. The object of the Convention was merely to recommend a higher standard of medical education, hoping, however, that the profession throughout the country will unite in demanding of the Colleges the great reform, which, by all, is admitted to be so much needed.] G. C. B.

In compliance with a call of a Committee appointed by the American Medical Association, at its last annual session, held in Baltimore, May 3, 1866, delegates from most of the medical institutions of the country met on the 3d inst., at 10 o'clock, in the faculty room of the Medical College of Ohio.

Professor Davis, of Chicago, Chairman of the Committee, called the meeting to order; and, after stating its object, proposed, with a view to facilitate the perfection of a permanent organization, the appointment of a temporary Chairman and Secretary. This proposition being accepted, Professor A. Stillé, of Philadelphia,

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was elected temporary Chairman, and Professor G. C. E. Weber, of Cleveland, Secretary.

Professors Davis, of Chicago, Donaldson, of Baltimore, and Blackman, of Cincinnati, were appointed a Committee on Credentials. The following named gentlemen were approved as delegates from their respective colleges:

Professors A. Hammar and A. J. Steele, Humboldt Medical College, St. Louis, Mo.; A. Stillé, University of Pennsylvania, Philadelphia, Penn.; A. B. Palmer, University of Michigan, Mich., and Berkshire Medical College, Mass.; Alden March, Albany Medical College, N. Y.; N. S. Davis, and W. H. Byford, Chicago Medical College, Chicago; Francis Carter, Starling Medical College, Ohio; James M. Holloway, University of Louisville, Ky.; N. R. Taylor and J. C. Hughes, Medical Department of Iowa University, Iowa; G. C. E. Weber, Charity Hospital Medical College, Cleveland, Ohio; F. Donaldson, University of Maryland, Md.; J. N. McDowell, Missouri Medical College, Mo.; C. G. Comegys and George C. Blackman, Medical College of Ohio, Ohio; E. B. Stevens and George Mendenhall, Miami Medical College, Ohio; S. D. Gross, Jefferson Medical College, Penn.; B. S. Lawson and Dr. Read, Cincinnati College of Medicine.

Professor Stillé, of Philadelphia, was chosen permanent Chairman, and Professor Weber, of Cleveland, Secretary.

Professors Holloway, of Louisville, Davis, of Chicago, Donaldson, of Baltimore, Blackman, of Cincinnati, and March, of Albany, were appointed a committee to report on the order of the different subjects which were to occupy the attention of the Convention. After which the Convention adjourned to 4 o'clock P. M.

In the afternoon session, this committee reported the following distinct propositions for the consideration of the Convention:

"1. That every medical student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificates, or by a direct examination by a Committee of the faculty, that he possesses a thorough knowledge of the common English branches of Education, including the first series of Mathematics, and the Natural Sciences, and that the certificates presented, or the results of the examinations thus required, be regularly filed as a part of the records of each Medical College.

"2. That every medical student be required to study, not only three full years, but also to attend three regular annual courses of

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Medical College instruction before being admitted to an examination for the degree of Doctor of Medicine.

"3. That the *minimum* duration of a regular annual lecture term, or course of Medical College instruction, shall be five calendar months.

"4. That every Medical College shall embrace in its curriculum at least *thirteen* professorships, including substantially the following branches, namely: Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology, General Pathology and Public Hygiene, Surgical Anatomy and Operations of Surgery, Medical Jurisprudence, Practice of Medicine, Practice of Surgery, Obstetrics and Diseases of Women, Clinical Medicine, and Clinical Surgery. That these several branches shall be divided into three groups, or series, corresponding with the three years required for medical study. The first, or Freshman Series, shall embrace Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry, and Materia Medica. To these the attention of the student shall be mainly restricted during the first year of his studies, and on them he shall be thoroughly examined by the proper members of the faculty, at the close of his first course of Medical College instruction, and receive a certificate indicating the degree of his progress. The second, or Junior Series, shall embrace Organic Chemistry and Toxicology, General Pathology, Public Hygiene, Surgical Anatomy and Operations of Surgery, and Medical Jurisprudence. To these the attention of the medical student shall be directed during the second year of his studies, and on them he shall be examined at the close of his second course of Medical College instruction, the same as after the first. The third, or Senior Series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and Diseases of Women, with Clinical Medicine and Clinical Surgery in Hospital. These shall occupy the attention of the student during the third year of his medical studies, and at the close of the third course of his Medical College attendance, he shall undergo a general examination in all the departments, as a prerequisite for the degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual College term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior, and Senior

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Classes each pursue their respective studies simultaneously, throughout the Collegiate year, in all our Literary Colleges.

"5. That the practice of selling individual tickets, by members of Medical College Faculties should be abolished, and, in place of it, each student should be charged a specified sum for each annual course of Medical College instruction, the sum being the same for each of the three courses before graduating; and any student, or practitioner, who has attended three full courses in any one College, shall be entitled to attend any subsequent course, or courses, in that College, gratuitously. The fees paid for each annual course of College instruction should be paid to the treasurer of the College, and subsequently distributed to each member of the Faculty at such time, and in such proportion, as the Trustees and Faculty of each College shall determine.

"6. That, inasmuch as the maintenance of an efficient Medical College requires a large expenditure of money annually, and inasmuch as there is no reasonable hope of adequate endowment from the several State governments, the exaction of a just and reasonable annual lecture fee is a necessity with which all Medical Colleges should comply, and that $105 should be the minimum fee for each regular annual course of instruction in any Medical College in the United States."

The first proposition was taken up and discussed by Professors Davis, Gross, Comegys, McDowell, Hammar, Taylor, and Palmer, and with an amendment so as to strike out the words "Natural Sciences," and add "sufficient knowledge of Latin and Greek to understand the technical terms of the profession," it was adopted.

The Convention then adjourned to meet at 9½ o'clock on the 4th instant.

Second Day—Morning Session.

The Convention was called to order at 9½ o'clock, A. M., by the Chairman, Professor Stillé. The Minutes of the preceding session were read and adopted. The Chair then announced that the next business in order was the discussion of section 2 of the Report of the Committee on the Order of Business, which reads as follows:

"That every medical student be required to study three full years, including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine."

Professor Gross, of Philadelphia, moved to amend so as to insert "four" after study, instead of "three."

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Remarks were made by Professors Gross, Hammar, of St. Louis, Davis, of Chicago, Palmer, of Michigan, and McDowell, of St. Louis.

The Convention then suspended the rules, for the purpose of allowing Professor Davis to introduce the following resolution:

"*Resolved*, That in all distinct propositions under the consideration of this Convention, no member shall speak more than once until all other members have spoken who wish to speak." Adopted.

Professor F. Howard, of Washington City, moved to amend by inserting "not less than three years," instead of "three full years." Lost.

Professor Gross's amendment was then adopted.

On motion of Professor Gross, the entire section, as amended, was unanimously adopted.

Professor Hammar moved to take up for consideration section 4 prior to section 3. Lost.

Section 3 was read, viz: "That the minimum duration of a regular annual lecture term or course of Medical College instruction shall be five calendar months."

Professor Gross moved to amend by inserting "six" in place of "five calendar months." Carried.

Section 3, as amended, was then adopted.

Section 4 being next in order, came up for discussion. Professor Gross moved to discuss the different parts of this section separately. First, that relating to the different branches recommended to be taught in the schools. Second, the number of professorships. Third, the division of studies. Adopted.

Professor Hammar moved to add to the different branches Natural Philosophy and Pathological Anatomy.

Professor Donaldson, of Baltimore, moved to act upon these propositions separately.

The vote on the addition of Natural Philosophy being taken, it was rejected.

The amendment adding Pathological Anatomy was carried.

Professor Byford, of Chicago, moved to amend by including Diseases of Children. Carried.

On motion, the Convention then adjourned to meet at 4 o'clock.

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Second Day—Afternoon Session.

The meeting having been called to order by the Chairman, the second part of section 4 was called up for discussion.

Professor Gross moved to amend by inserting after the words "following branches," "to be taught by not less than nine Professors." Carried.

Remarks were made by Professors Gross, Palmer, Davis, Hammar, Howard and Taylor.

The third part of section 4, referring to the division of studies, was next considered.

Professor Davis moved to amend, by making that part read as follows:

"That these several branches shall be divided into three groups or series, corresponding with the three courses of Medical College instruction required.

"The first, or Freshman Series, shall embrace Descriptive Anatomy and Practical Dissections, Physiology and Histology, Inorganic Chemistry and Materia Medica and Therapeutics.

"To these the attention of the student shall be mainly restricted during his first course of Medical College instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

"The second, or Junior Series, shall embrace Organic Chemistry and Toxicology, General Pathology, Morbid Anatomy and Public Hygiene, Surgical Anatomy and Operations of Surgery, and Medical Jurisprudence. To these the attention of the medical student shall be directed during his second course of Medical College instruction, and in them he shall be examined at the close of his second course in the same manner as after the first.

"The third, or Senior Series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and Diseases peculiar to Women and Children; with Clinical Medicine and Clinical Surgery in Hospital. These shall occupy the attention of the student during his third course of College instruction, and at its close he shall be eligible to a general examination on all the branches as a prerequisite for the Degree of Doctor of Medicine. The instruction in the three Series of branches is to be given simultaneously, and to continue throughout

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the whole of each annual College term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior and Senior classes, each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges."

After a protracted debate, in which Professors Gross, Palmer, Blackman, Hammar, Davis, and Taylor participated, the motion of Professor Davis prevailed.

Professor Davis then moved the adoption of the entire section as amended. Carried.

Section 5 was then taken up, and, upon motion of Professor Palmer, laid on the table.

Section 6 being in order, was read, but on motion of Professor Gross was also laid upon the table until Monday morning, 6th inst.

On motion of Professor Davis, the Convention then adjourned to meet at 10 A. M. on Monday morning.

Third Day—Morning Sesssion.

The meeting was called to order by Professor Stillé at 10 o'clock A. M.

The Minutes of the previous session were read and approved.

The Committee on Credentials announced Dr. T. M. Logan, of Sacramento, California, as an authorized delegate from the Faculty of the Toland Medical College of San Francisco.

Professor Gross moved to reconsider parts of section 4, relating to the branches to be taught in Medical Colleges.

Professor Hammar moved to suspend the rules for that purpose. Carried.

Professor Gross moved to amend part first, section four, by inserting the words "Medical Ethics" after the words "Medical Jurisprudence."

Professor Palmer moved the adoption of the amendment. Carried.

Professor Comegys moved the reconsideration of section 1.

After suspenson of the rules this motion was adopted.

Professor Comegys moved to amend section 1, by inserting "Elements of Natural Sciences" after the word Mathematics. Carried.

Professor Hammar moved the adoption of the whole section as amended. Carried.

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Section 6 was then considered.

On motion of Professor Donaldson it was laid on the table.

Professor Palmer then introduced the following resolution:

"*Resolved*, That every Medical College should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student, a certificate, specifying the time and the course of instruction actually attended, should be given; and such certificate only should be received by other Colleges as evidence of such attendance."

The resolution was adopted.

Professor Davis moved the adoption of all the sections as amended. Carried.

Professor Gross moved to transmit a copy of these sections, as adopted by this Convention, certified to by its officers, to the American Medical Association, at its next session.

Professor Davis then introduced the following resolution:

"*Resolved*, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another Convention whenever deemed advisable."

The Chair appointed the following gentlemen that committee:

Professors Davis, of Chicago, Donaldson, of Baltimore, Gross of Philadelphia, March, of Albany, and Blackman, of Cincinnati.

The Chairman then introduced Dr. Vattier, President of the Cincinnati Academy of Medicine, who invited the members of the Convention to be present at the opening of the Academy in the evening.

Professor March moved to accept the invitation. Carried.

On motion of Professor Davis a vote of thanks was returned to the Chairman and Secretary of the Convention for the efficiency with which they have discharged their duties, and to the Faculty of the Ohio Medical College for the use of their hall.

The President returned his thanks to the members of the Convention in a neat and appropriate speech.

Professor Stevens moved that a formal written thesis on some

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professional topic shall be regarded as one of the indispensable requirements for the Doctorate.

Remarks were made by Professors Comegys, Stevens, and Donaldson.

Professor Davis then rose simply to suggest whether there was not some danger of entering upon the consideration of propositions involving details that might unnecessarily complicate the great leading object for which we have been laboring. Whether the time-honored and universal custom of requiring the medical student to write a thesis should be insisted on or not, would have but little bearing on the great principles involved in the revision of our system of Medical Education. If the standard of preliminary education which we have adopted should be carried into effect, it would remove one of the objects for which the writing of a thesis was originally demanded. Yet, he said, it was desirable to retain the practice, if for no other purpose than to encourage every student in the habit of expressing his thoughts on paper. But the great and all-important object of this Convention was simply to place the system of Medical Education in this country upon sound educational principles, by erecting a standard of preparatory education, by increasing the period of study, by adding to the College courses, and by determining a rational order of study. This we have now done, so far as this Convention is concerned, by the harmonious adoption of the five propositions already passed upon. And he earnestly suggested whether we had not better stop here, and devote the remainder of our time to the work of devising the most efficient means to secure the adoption and simultaneous practical execution of the provisions already agreed upon by all the Colleges of our country, and leave all minor matters of detail to be determined as time and circumstances should indicate in the future.

Thereupon, on motion of Professor Hammar, the Convention adjourned, subject to the call of the Committee.

Pioneer Practice. By J. C. Burt, M. D., Vernon, Indiana.

The medical practitioner of the present day, whose lot is with the dwellers of town, or city, can have but a slight conception of the experiences of the country physician in the West, of some twenty-five or thirty years ago.

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Perhaps the most striking peculiarities of this period were exhibited in connection with the cases of accouchment that then occurred, which were sometimes singularly odd and grotesque. One representative scene recurs to mind, an account of which may not be unacceptable to the reader.

The house in which it occurred was a low structure, built of logs, and consisted chiefly of one large room, some twenty-five feet square, which was made to serve for all the possible purposes of house-keeping. On one side of this room was a narrow *Cante*, or shed, which was used to hang up saddles and bridles in, and as a depository for quilting frames, boxes and barrels, and *trumpery* in general. On the side of the main room opposite to this was the fire-place, with its great chimney, up whose huge throat the roaring winter fire was wont to draw. Adjoining the house were spacious fields in good cultivation, but surrounded on every hand by the forest primeval; for the whole country was new, and but sparsely settled.

At the first warning note of the approaching event, the *paterfamilias* mounted the old family nag, which had been stabled for successive nights to meet the emergency, and hastily made the circuit of the settlement, summoning forthwith the attendance of the expectant dames, while in the meantime, the oldest son, or some neighbor, had been dispatched on the fleetest horse to the distant village, for the doctor.

The wives and widows of the neighborhood, to the number of twelve or fifteen, having been on the *qui vive* for weeks past, have promptly assembled, and the doctor having arrived, has been *installed* in his position, and his hard-ridden horse *ditto*.

There being no signs of urgency as to the case in hand, the whole company begin to make themselves as sociable and comfortable as possible. The host piles high the dry beech-wood upon the hearth. The matrons grow talkative, and the affairs of the neighborhood are discussed with a high degree of interest. Now each one draws from her pocket a clay pipe and parcel of tobacco leaves. The pipe duly charged, they advance singly to the heated hearth, and by a dexterous swoop of the pipe into the hot embers, the fragrant weed is ignited, and all fall to puffing away, while the wreaths of smoke curling up to the ceiling, are borne away in the draft of the chimney. And now each tongue is set going with renewed vigor, and conversation flows with amazing volubility. Ah! what

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subjects were then and there discussed; all of them obsolete now, but then of the greatest moment. Now it was all about the "baptizin'" that took place on the Sunday before at the Deep Hole, at the mouth of Possum-tail Creek. Or how many pounds of maple sugar each one had made, and what sort of luck each one had experienced in coloring their linsey and jeans; how many ounces of copperas and indigo had been used in compounding the dye-stuff, and all about soap-making, poultry raising, etc., etc. In all of which many odd expressions were used, such as—"smart chance," "'pears like," "you don't say," and the words "*powerful*," and "*mighty*," of frequent recurrence.

The doctor was always regarded as the central figure of the group, and was treated with much consideration, and with a good deal of familiarity. For a sort of pet-name they would call him "dock," for doctor, inquire all about the gossip of the village, and pester him not a little with long accounts of their aches and ailments. Sometimes, too, he would be amused at certain sage remarks, which were not especially designed for his ears, as the following will show: There was a young woman living in the neighborhood, affected with a peculiar sort of somnolency, so that she would sometimes fall asleep while engaged in conversation, or walking about the house. And now, in a lull of the general conversation, two old ladies, sitting cozily by themselves, are heard to hold forth thus: "'pears strange, don't it, that none of the doctors can tell what is the matter with Betsy Myers." "Why, law-sakes! I can tell you. I was telling the new doctor, that is settled down at the Four Corners, about her, and *he* says it is the *Sleepy Lethargy*." "You don't say! The *Sleepy Lethargy!* Well, well, the *S-l-e-e-p-y L-e-t-h-a-r-g-y!!* Isn't that new doctor mighty high larn't?" "Yes, powerful."

Presently the duty of preparing breakfast is suggested, and forthwith one of the company is up to her elbows in a batch of dough. Another has seized a bacon-ham, and is carving it into proper slices, while a third has filled the hopper of the coffee-mill, and with thundering sound grinds out its contents. The cooking is all to be done on the hearth. The frying-pan is set to hissing over the blaze. The rolls are placed in a closed skillet, beneath, and on top of which the hot embers are sprinkled, and the coffee-pot is made to bubble and pour out its incense from its bed of hot coals.

And surely this was a cheerful picture! The three comely dames

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with smiling faces, gracefully (without hoop-skirts) bending over their work, while the grateful aroma of the steaming coffee, and the savory odor from the unctuous contents of the pan filled the room with their mingled fragrance, and hightened our anticipations of the coming repast.

But soon after, or even before the meal is ended, there are unmistakable signs that other business besides feasting and gossip is at hand. Active parturient pains have come on, and the patient must be at once placed in a position most proper for the occasion. The doctor, of course, suggests the bed as the only proper place; but in this he is promptly overruled by the unanimous voice of all present, the patient herself included.

They then set about preparing a bed in their accustomed way—a way the origin of which I never could discover, but which was in general use through the country. Two chairs are set together, front to front, and another is set with its front edge against the side-edges of the former, making a sort of pen—open at its front. Into this the bed is now placed, one end of it passing over, and resting upon the top of the single chair. Into this the poor woman is carefully lifted; chairs are set for the support of the feet, between which a stool, or more commonly a half-bushel measure, is placed for the use of the accoucher. A more uncomfortable contrivance for patient, physician, and attendants, the ingenuity of woman or man could hardly devise. The bed having the form of an inclined plane, the patient would be constantly slipping toward the edge and every few minutes would have to be lifted back upon it. The only merit it could possibly have, was that of giving employment to the otherwise superfluous women present. These were usually stationed as follows: one to support each knee, one for each hand, one at each end of a towel, to make pressure upon the back, besides one to hold up the head, and, if the weather should be warm, another to ply the fan. The constrained and tiresome position in which all were placed, required a fresh relay of hands every few minutes, so that each one had the satisfaction of contributing her share of assistance and sympathy to the sufferer. The labor terminated, the woman is lifted back into bed, the chair arrangement demolished, and the room set to rights. Some one, after much coaxing and declining, undertakes to wash and dress the infant, while pipes and tobacco are again brought into requisition, and conversation starts up in a livelier strain than before.

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The doctor, now about to take leave of the company, is hurriedly besought for medicine and advice. One is sending her children to school, and wants something to "kill the itch." Another's children are "dreadful wormy," and she wants something to clean them (?) out. Another says her old man wants her to get him a dose of "*calomy*." One simple-minded old lady follows him out of doors to tell him all about a "*rising*" her son has on his hand. Dr. Somebody, living in the neighborhood, told her the name of the swelling, but she couldn't remember what it was. "Madam, was it an abscess?" "No." "Was it a boil?" "No." Doctor (getting interested), "Was it a whitlow, a cancer, a carbuncle?" "No, no." "Well, then, I can not tell you what sort of a sore or tumor it may be." "There! tumor did you say? That was what the doctor called it. Yes, it was a tumor—a *tumor*."

But the log-houses have nearly all passed away, and with them much of the hospitality and sociability that characterized their inhabitants. The town has trudged through the country, leaving in its train many of its follies as well as its refinements. There was a charm in the simplicity of manners, and open-hearted, and open-handed hospitality of those days, now rapidly fading away, and soon to be entirely hidden by the rising current of modern improvement and innovation.

Case of Gun-shot Wound. By I. N. Jones, M. D., Madisonville, O.

On December 25, I was called to see a young man who had received a wound by a small rifle-ball at the outer third of the left axillary space. From the account received from those who were with him at the time of the accident, I was led to believe that it was the axillary vein, and not the artery, that was injured; as the blood was described as flowing in a continuous stream, and not jetting out with each pulsation of the heart. He was some distance from home at the time of the occurrence, and had to be brought across cornfields and meadows in a spring-wagon—the jolting of which, of course, increased the danger from hæmorrhage. When I arrived, the bleeding had ceased, and I found him pale, cold, and weak from the loss of blood; with a very irritable state of the stomach, so that it was with great difficulty that anything could

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be got to remain on it. By the administration of chloroform, in small doses, this irritability was controlled, and I proceeded to give stimulants in order to assist in bringing on reaction. After giving whisky pretty freely, it became evident that something stronger was needed, so I then gave a teaspoonful of tincture of capsicum in a wine-glassful of whisky, all of which he took within an hour. After reaction had become sufficiently established, I proceeded to examine the wound, when I found I could introduce the probe about three inches, in a direction upward, backward, and inward, toward the thorax. The ball then coming in contact with the neck of the humerus, glanced outward and backward, and came to within one-half inch of the surface, where I cut down upon and removed it, but could not find the wad, a small one, half an inch square, consisting of a patch of linen.

The wounded arm was pulseless and completely paralyzed, the patient not being able to make the slightest motion of the arm or hand. Water-dressing was applied to keep down inflammation, and tonics and stimulants administered to support the strength. All went well until the third morning, when fever beginning to set in, I thought it advisable to move his bowels, and gave him calomel and comp. extract of colocynth. The cathartic was repeated several times without effect, until the fifth morning, when his bowels being acting too freely, the prostration which was resulting became alarming. Dr. J. A. Black, being present, I asked him to examine the patient; and also requested that he attend him with me until he should be out of danger. After checking the overaction of the bowels, we prescribed Quinine gr. ss., tinc. ferri Mur. gtt. xv, every four hours.

Sixth morning—Found the patient somewhat improved; though the wound showed more signs of inflammation. Dr. Black recommended a poultice, which was applied with benefit.

Every sympton was for the better from this time to the morning of the eleventh day, when secondary hæmorrhage set in. The ordinary styptics were used by the nurses in attendance, as directed. Upon my arrival I found the hæmorrhage had ceased; but the patient was so much exhausted by the loss of blood, that with all efforts I failed to bring on reaction; and within three hours from the commencement of the hæmorrhage he died.

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Case of Abscesses in the Brain—Death. Reported by A. G. CRAIG, M. D., Louisville, Ky.

In looking over my "notes" on cases treated in the Commercial Hospital, during my service as House Physician, I find the following record of a case of abscesses in the brain, which may be of interest to the readers of your excellent JOURNAL.

History.—Lewis S. T., born in New York, and aged 31, was admitted into the Commercial Hospital, November 3, 1866. A connected history of his case could not be obtained, as his mental faculties were greatly impaired, as shown by his defective memory. He stated that in July, 1863, while a soldier in the Federal army, he received a gun-shot wound, which destroyed the sight of the left eye. No further information concerning his previous history could be obtained.

Symptoms on Admission.—A small, moderately strong-looking, and anæmic man. He is not confined to his bed. Does not complain of any pain. Answers questions incoherently. There is a slight depression in the left supra-orbital arch. Left eye atrophied. Skin is dry, temperature about normal; pulse 65, moderate force and volume; breathing tranquil; tongue clean and red at tip and edges, covered with a white coat in center; no thirst; appetite gone; bowels regular.

The patient remained without any material change in his condition until November 9, when he became dull and drowsy, and remained in bed during the day—*decubitus dorsal.* In the afternoon of the 9th, he screamed out violently several times. When asked where he had pain, he would sometimes answer, in his head, at other times in his chest, or some other part of his body. On the morning of the 10th, he became unconscious, though not insensible—gave utterance to quick, piercing screams, every few minutes; refused all nourishment, and voided his urine and fæces in bed. During the night of the 10th, he became insensible; breathing stertorous; pulse 110, small, quick, and feeble. He died at 4 o'clock A. M., November 11.

Sectio Cadaveris.—Thirty-five Hours after Death.—Body small, well formed, not emaciated; face and surface somewhat livid; considerable *rigor mortis.*

On removing the calvarium, the dura mater was congested, and

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the sinuses were full of dark blood. The arachnoid and pia mater were also congested. The left hemisphere was enlarged, producing a concavity into the surface of the right hemisphere. Superior surface of the left hemisphere smooth, sides of sulci firmly adherent. Convolutions in the right hemisphere more marked than in the left, but still not very distinct. Puncta vasculosa more numerous than in a healthy brain. In the anterior part of the middle lobe of the left hemisphere, was an abscess of the size of a large walnut, with a firm membrane lining its walls. Anterior to and below this was an abscess, one and one-fourth inches in depth, and one-half an inch in diameter. These abscesses contained dark, greenish-colored pus. There was a considerable quantity of serum in the lateral ventricles. The membranes beneath the anterior lobe of the left hemisphere were thickened, and were firmly adherent to the brain and the orbital plate of the frontal bone. The orbital plate was necrosed, and a large sequestrum projected into the substance of the brain. There was a depression in the outer portion of the left supra-orbital arch. Left eye atrophied, and its anterior surface corrugated. Lying posterior to and above the left globe, and directly in contact with the orbital plate of the frontal bone, was a portion of a Minie ball, weighing *three hundred and eighty-four grains*. The cavity in which the ball was located communicated with the brain through the necrosed portion of the frontal bone.

Thoracic and abdominal viscera were not examined.

Case of Hydrophobia. By JAMES I. ROOKER, M. D., Castleton, Marion Co., Indiana.

[Though, under ordinary circumstances, we would refuse to publish a case already made public through the newspapers, yet, in justice to Dr. Rooker, we depart from our rule in the present instance, so as to give him the benefit of his statement of the case; as his diagnosis and conclusions have been criticized quite sharply. We leave our readers to decide for themselves, whether or not, the doctor was correct in pronouncing the case one of hydrophobia, in the first place; and whether, in the second place, the merit of curing it belongs to the bromide of potassium. For, be it observed, mercury was administered to the point of ptyalism. As suggestive

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of the difficulties of discriminating between hysteria and the many diseases it simulates, Prof. Laycock, in his essay on this multiform affection, after mentioning the usual symptoms of hydrophobia, remarks: "Every one of these symptoms may be observed in cases of hysteria."]—ED.

Some nine weeks ago, Miss Selinda E., an intelligent young lady of twenty-two years, was bitten by a rabid dog, which she was endeavoring to drive out of the house. The wound was on the finger, and so slight, that it excited no alarm, although the dog was known to be mad. As usual in cases of hydrophobia, she thought nothing more of the matter until the morning of Tuesday, the 26th of March, when on going to wash her face, the contact of the water made her shudder, as she described it. (She had, previous to this, complained of a stiffness of the muscles of the neck, with some difficulty in swallowing, aching of the bones, restlessness, disturbed sleep, and frightful dreams of crossing deep water, etc.) The fearful truth flashed on her instantly, but, being a lady of great self-command, she simply said to her sister, "I am going mad—I can't live," adding, that she would, however, finish spinning the rolls she was engaged upon. She labored on during the day, with some increase of the horrible symptoms, but nothing visible to others; and on the following morning, the 27th, on sitting down to the table, she remarked to the family, "You must take that water from the table, or I can not eat." The water was removed, when she ate a little, and afterwards proceeded to work as usual. She continued through that day as before, but with a decided strengthening of her repugnance to water, an increase of the stiffness of the muscles of the neck, difficulty of swallowing, aching of bones, restlessness, inability to sleep soundly, and with slight twitching of the muscles of the arm of the hand which was bitten. She also remarked, that the very sight of water caused a tingling sensation throughout the entire body; and that the glistening face of the clock affected her in the same manner.

On Thursday, the 28th, she was too far overcome to work, and while standing on the floor, conversing with some of her family, she began grinding her teeth, and directly after fell down in a fit, with foaming at the mouth, her teeth gnashing, and her body somewhat convulsed.

The neighbors, hurrying in, found her on the floor near the fire (which she had previously kindled, as she complained of severe

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coldness of body,) in this terrible condition. But she bit so furiously at every one who touched her, that it was impossible to do anything with her; she was left lying till the spasm had passed off, and was then placed in bed.

When I arrived at 2 P. M., Thursday, 28th, she was again convulsed and senseless, uttering short barking sounds, and snapping at everything that approached her; a tenacious saliva issued from her mouth, and she seemed to take delight in spitting at those around her. She had a wild and haggard expression, a dilated pupil, pulse 90, skin warm and covered with a clammy sweat, and a peculiar fetor of breath.

I proceeded then to administer morphine, to relieve her agony. In a lucid interval she remonstrated, saying, "I must die, I know it, and I want to die in my senses; so don't stupefy me with medicine." Immediately on the water touching her lips, it threw her into a spasm; and it appeared impossible for her to swallow it; a draft of cold air, or a sudden touch of hand, appeared to have a similar effect. After the spasm had passed off, I proposed another dose of morphine, as she did not succeed in swallowing the first. She consented, but added, "you must not give it to me with water." The paroxysm continued with the same frantic efforts to bite. She bit her hands, and bit pieces out of the pillow and bed-clothes. At this time, my friend, Dr. Ruddle, of Allisonville, was called in, and to whom I am much indebted for assistance in the early stage of the case. The following treatment was agreed upon:

℞. Potas. Bromid. gr. xv.
Morph. Sulph. gr. ¼.
Hydrarg. Submur. gr. v.
To be given every two hours.

With great difficulty we succeeded in getting her to swallow this, in small quantities of water, which produced frightful spasms of the muscles of the œsophagus and larynx. In a lucid interval, she complained of a choking sensation, but no pain. I left her at 6 P. M., in much the same condition as I found her, with orders to have the medicine administered every two hours, if possible.

March 29th.—Paroxysms coming on about every hour, but not of so severe a nature, and she does not appear to have so much dread of water. Slept as much as an hour at a time, through the night. Pulse 88, and regular; skin warm and clammy; bowels

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costive; passed urine but once during twenty-four hours; no appetite. Treatment continued, and to keep room darkened and quiet.

March 30th.—Slept some during the night, and is much the same as she was yesterday, with the exception that the paroxysms occur at longer intervals, and are not so violent, and that there is but little difficulty experienced in swallowing water. Drs. Ruddle and Craig, of Allisonville, and Dr. Graham, of Noblesville, saw the case with me to-day. We agreed to discontinue the morphine and calomel, as the morphine appeared to arrest the secretions; the mercury has produced slight ptyalism. The bromide to be given as before, with beef-essence as often as she will take it.

℞. Ol. Ricini ℥j. at night.

March 31st.—Bowels moved three times in the night; paroxysms much the same as yesterday, averaging one every two hours and a half. At times violent, snapping at real and imaginary objects. There appears to collect in the throat a tenacious mucus, which she attempts to spit out. The approach of the spasm is marked by twitching of the affected hand; and they appear whether she be awake or asleep. Slept as much as two hours at a time, during the night; pulse 88 and regular, but weak; complains of general debility; but little appetite, and coldness of feet and hands. Dissolution threatened from exhaustion. She is able to tell the approach of the paroxysms, and places her hands under the bed clothes, that she may not bite them, and warns others not to approach her for fear she might bite them. Is aware of her dreadful condition, and converses rationally on religious subjects. Dr. Record, of Lawrence, was in attendance to-day, and we determined to continue the treatment.

April 1st.—Appears much better this morning; had but two hard paroxysms since my last visit; slept four hours during the night; called for her beef-essence this morning; pulse 88, and somewhat fuller, and skin warm. Passed urine, copiously, four times during the past twelve hours. Ordered less of the bromide, as it produced irritation of the stomach. To take comp. tinct. gentian ʒj every three hours, with nutritious diet.

April 2d.—Much the same; continued treatment.

April 3d.—Pulse 80, and full; skin warm, and feels more natural; considerable ptyalism; some stiffness of the muscles of the neck, with soreness of the affected arm. Slept well during the night; appetite improving; and, in short, I think she is much better. Continued treatment.

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April 4th.—Pulse 88; tongue clean, and irritation of stomach almost subsided; appetite increased; eating poached eggs and beef-essence; did not sleep until one o'clock this morning, owing, as she described it, to "aching of the bones." There is a partial paralysis of the right arm. No spasms during the last twenty-four hours.

℞. Potas. Bromid. gr. v.
Tinct. Gentian Comp. ʒij.

Every three hours, with morphia at night, providing she becomes restless.

April 7th.—She has had but two slight spasms since my last report; partial paralysis of right arm has passed off; slept some better last night, and states that she still feels some twitching of the muscles of the affected arm. Prof. Parvin and Dr. Elston, of Indianapolis, met me in consultation to-day. It was agreed to discontinue all treatment, except comp. tinct. gentian.

April 9th.—Patient is gradually recovering, and was discharged to-day.

Remarks.—Knowing the fatality of hydrophobia, heretofore, makes this case one of great interest; and, no doubt, many will be skeptical as to the correctness of the diagnosis. Hydrophobia has been prevailing as an epidemic throughout our country during the past winter, and numbers of dogs, and other animals, have died from this frightful disease in this immediate vicinity. Farther, we have every evidence that the dog that bit Miss E. was rabid. The animal had been well up to a short time before he bit her, when he was attacked with peculiar spasms, snapping at every object around him, but was killed before biting anything else.

It might be supposed by some that Miss E. was suffering from hysteria. I have been Mr. E.'s family physician for the past nine years, and never was called to prescribe for her before. She was a perfect picture of health; menstruation regular, etc., and her family are not of the hysterical kind. *She is a near relative of mine, and I think I know.*

Treatment.—I have not much to say on this subject. The medicine acted like a charm in this case, and it may be possible that in bromide of potassium we have found a remedy for hydrophobia. Time will tell. I would recommend it to be used heroically in the treatment of this disease. Probably, I used larger

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doses than herein stated, as I had no opportunity of weighing it. I have been using this valuable medicine for the past year, in the treatment of epilepsy, and kindred diseases, and with the happiest results.

"*Rigid Perineum.*" By J. C. Reeve, M. D., Dayton, Ohio.

The very excellent article upon this subject in the April number of this journal, from the Dublin *Journal of Medical Science*, seems to require brief comment, principally from the evident embarrassment of the author, in regard to the sanction of obstetrical authorities for the practice of incising the perineum, to prevent its rupture when unusually distended in parturition. This finds its explanation in the fact, that, the writer has consulted only British authors, and with them the procedure is indeed rarely recommended; yet, he might have found others, even among these, who sanction the measure, besides Blundell, and J. Hall Davis. Churchill does so explicitly, when it is "clear from any cause that the perineum can not dilate," although he says, and with truth, that "such cases must be extremely rare."*

But when we refer to the obstetrical writers of continental Europe, we find incision of the perineum as generally recommended, as it is omitted in Great Britain, and it is surprising that the author limited himself to Dubois and Chailly-Honore. Scanzoni, the leading obstetrical authority of recent times in Germany, is so strong an advocate of the measure, that some caution might well be added, to the student who reads his work. That work we can not now refer to, but find in his treatise *on Diseases of the Female Sexual Organs*, the following:

"We can here only briefly mention that we know of no surer preventive of this unfortunate accident, than the operative enlargement of the vulva, which may be effected by two incisions from four to five lines deep, made at the posterior part of the circumference of the outlet, a procedure which we have tested more than a hundred times, and have fully described in our *Lehrbuch dez Geburts-hulfe* (III Aufl. p. 712).†

This mode of treatment is the generally received doctrine of

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* *Churchill's Midwifery*, 3d edition, London, 1855, p. 276.

† *Krankheiten der weiblichen Sexual Organe*, Wein, 1857, p. 504.

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France and Belgium. A writer in the *Medical Times and Gazette*, of September 30, 1865, says it is a procedure always had recourse to in the schools of those countries; he states that he "had seen it put into execution frequently with the best results."

The latest French writer upon obstetrics, Dr. Joulin, recommends the practice, and we quote what he says upon the subject: "It sometimes happens, in spite of the best directed care, and especially in primiparæ, that the narrowness and rigidity of the vulva are so great as not to permit the passage of the child, * * * and the circle will only enlarge by a rupture. Then we determine artificially the inevitable solution of continuity, by means of a light clip with the scissors, which divides the lateral border of the vulva or aperture to the depth of a centimetre. Sometimes the passage of the head increase this a little, but then it follows a direction which has none of the inconveniences of a median rupture of the perineum. This little operation should be performed during a contraction that the patient may not perceive it."

"Dubois advises the incision to be made on one or both sides, at the inferior third of the labia. I think it is preferable to make it a little lower, in order to avoid a division of the excretory duct of the vulva-vaginal gland. In two cases where this has happened to me, the region has remained a long time painful, and an ulcer has formed upon the point, the healing of which was delayed for a month. This might have been but a coincidence, but since then I have been careful not to injure the duct."

"This procedure, which has been recommended by Michælis, Weir, Echchelberg and others, is very ancient in the practice of obstetrics, for Illauriceau wrote against it. It is true that the section was then made along the raphe of the perineum, *and it is just this direction which we should avoid;* for cicatrization takes place there with difficulty, because, it is pretended, that the lochia bathe this part constantly. I believe this explanation to be incorrect, for the lochia, in escaping, bathe the entire vulva, and are not limited to the dependent portion. It is more probable that the tardy cicatrization depends rather upon the state of the circulation at that point. The raphe is sparely provided with vessels which terminate at the median line, so that reparation proceeds under unfavorable circumstances. This is not the case with the lateral incisions which are made in more vascular tissues, and for this reason are better disposed to heal."*

* *Traite complet d'Accouchments;* par le Docteur Joulin, Paris, 1866, p. 640.

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One sentence of the above is placed in italics, to call particular attention to it, in reference to the mode of operating adopted by the author of the paper referred to. It is true he "imitated nature," but it seems that no authority sanctions an incision in the median line, and reason certainly declares against it.

Finally, however rare cases requiring incision of the perineum may be, they may happen to any practitioner at any time, and we believe, much anxiety will be saved him, and probably an unfortunate accident to a patient, if he is aware that authority will fully justify him in resorting to the operation. Such a case once occurred to myself, and in a similar one, I should not hesitate to use the knife. The patient was a primipara, the head was fully expelled from the pelvis, but enveloped by the soft parts like a cap; the vulva, a small opening situated at the upper and anterior part of the tumor, was in striking contrast to the size of the head which was to pass through it; under the pressure of severe pains, the perineum became so thinned and distended, without any relaxation of the opening, that it seemed impossible for a complete rupture to be avoided. And thus hours were passed, using lubrications and hot fomentations, supporting the head and drawing it forward, fearing a rupture every moment, until finally, with great difficulty and much suffering, the patient was safely delivered. Never until that case came under observation, had I believed such an occurrence as Dr. Beatty describes possible, that a child should be forced through the perineum, without implicating either rectum or vulva in the lesion.

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Transactions of the Obstetrical Society of London. Volume VIII., London: Longmans, Green & Co., 1867. For sale by Robert Clarke & Co., Cincinnati.

Valuable as have been the preceding issues of the London Obstetrical Society, we regard this eighth volume as superior to any of them. We wish we had space to present a complete abstract of its contents; but we are restricted to a brief reference to some of its more important contributions.

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One of the most interesting articles is on *Enlargements of the Uterus, which follow Abortion; Premature, or Natural Confinements, with cases:* by Dr. T. Snow Beck. This condition of the uterus is generally known as *sub-involution*, a term proposed some years ago by Prof. Simpson. The enlarged organ does not, after the removal of the physiological cause which has determined its hypertrophy, recede to its normal size—it has been *evolved*, and the subsequent *involution* is only partially accomplished. Dr. Beck considers the principal causes of this condition to be, "(*a*) a want of efficient contraction of the uterus after a confinement, so as to permanently close the vessels of the organ; and (*b*) a partially developed state of the uterine tissue, which appears unfavorable to the changes necessary to its subsequent reduction." Now, in our dull way of thinking, Dr. Beck's second cause seems to us simply another way of stating a physiological fact, which simply by its persistence becomes a pathological condition; however, let this pass.

In discussing the influence of *Abortion* in producing this state, the author says, "it is difficult to procure a complete contraction of the partially developed muscular tissue, and the vessels remain pervious to the flow of a certain amount of blood through them. But, in addition to this, it would appear that the partially developed tissue does not take on the process of degeneration so readily as that of the fully developed organ, and that its complete reduction is more readily interfered with." The cases of sub-involution that have fallen under our own observation have, almost invariably, been consequent upon abortion, premature labor, or else occurred in the cases of those who, delivered at the full term, of still-born children for example, did not nurse—in a word, there was wanting the stimulus of the infant's sucking to excite, through the mammary glands, uterine contraction. So important does this cause seem to us, that we wonder Dr. Beck makes no allusion to it. In reference to the treatment of these cases, the author advises, should there be hæmorrhage, rest, freedom from excitement, and the dilute acids, with or without the addition of other astringents; or these means failing, intra-uterine injections of a solution of tannin and alum, or of the preparations of iron, or else of a strong solution of iodine. When congestion takes place in these enlargements, local depletion by leeching or scarifying the lips of the uterus; the latter plan, we beg leave to say, we believe a most

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inefficient, if not sometimes injurious, method. One leech is worth a dozen incisions. Where the uterus has become firm and hardened, give bi-chloride of mercury, with Indian hemp; and in some obstinate cases of this sort, it may be advisable to make an eschar with *potassa c. calc.* upon one of the lips; and thus, by this local inflammation, change the general disease.

Mr. Baker Brown communicates eleven cases of ovariotomy, in which the actual cautery was used, and highly lauds this method of treating the stump of the pedicle of the tumor—a laudation which was not indorsed by Mr. Spencer Wells, who is probably the first of British ovariotomists.

Dr. Routh reports a case of *Fibro-Cystic Disease of the Uterus, mistaken for Ovarian Disease*, in which attempted extirpation failed, and the patient died. The error of diagnosis was not Dr. Routh's alone, but also Sir William Fergusson's, Dr. Greenhalgh's and Dr. Savage's. With these famous names committed to so grave a mistake, it may comfort men of less repute, should similar mischances ever occur to them; and above all, should caution every one not to be in haste in any opinion as to the character of an abdominal tumor.

A Case of Cysts of the Fallopian Tubes.—(*By Dr. Alfred Meadows.*)—The patient had been pregnant fifteen times and miscarried fourteen of these. She had follicular inflammation of the cervix, granular ulceration of the anterior lip, and some fibroid deposit in the anterior wall of the uterus. She also suffered a good deal from "clotty menorrhagia." While laboring under an attack of profuse menorrhagia, a cold astringent vaginal injection was administered, and fatal peritonitis ensued. Here, the immediate cause of mischief was the temperature of the injection—this was given *cold*, by mistake. (We can not help remarking that an astringent *vaginal* injection, though advised by Dr. Meadows in this case, and similarly practiced by thousands of physicians, seems to us a most unphilosophical proceeding; for the astringent does not, and can not, under these circumstances, come in contact with the menorrhagic surface: as Ricord says of sarsaparilla in syphilis, it is only "a mental medicine"—at least for the doctor!)

"*Post-Mortem Examination.*—There was evidence of extensive peritoneal inflammation, which was most severely marked in the pelvic region, where all the viscera were matted together, and a

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good deal of loose, flaky lymph and pus were observed. The uterus and its appendages were all bound up together by thick and firm adhesions. On dissecting them out, it was found that both Fallopian tubes were enlarged, not regularly or uniformly, but so as to form a kind of cyst. On the right side, there were two such enlargements; on the other, one. There was no evidence of any communication between these dilatations and the fimbriated opening. On the left side there was not even an opening into the uterus, the ostium uterinum being completely occluded. They were all filled with a dark, thick, grumous fluid, of a prune-juice color." Dr. Meadows, in his remarks upon this case, says that it "is an example of what M.M. Bernutz and Goupil have contended for, viz., menstrual retention within the Fallopian tube." Those of our readers who have studied the interesting *Clinical Memoirs* of Bernutz and Goupil, will remember that the last of the eight varieties of menstrual retention which M. Bernutz discusses, is that depending upon either congenital or acquired closure of the Fallopian tubes. And yet with all his large experience and diligent research, he finds but three examples of this condition, and not one of these in his own practice. Dr. Matthews Duncan, in his recent work which we briefly noticed in our March number, while contending against the tubal source of menstrual blood, states that he has seen the mucus of the tubes tinged with blood in the autopsy of a woman dying during menstruation, and in some other cases. In Dr. Ritchie's *Ovarian Physiology and Pathology*, London, 1865, on page 21, we find a case recorded, in which the inner surface of the uterus was found red, and the tubes containing a reddish fluid. Dr. Meadows states, unequivocally, that the tubes do participate in menstruation, though this opinion is probably not maintained by most physiologists.

Mechanical Dysmenorrhœa—(*By Dr. Greenhalgh.*)—This was a case in which division of the cervix uteri was followed by a fatal result. Dr. G. states that he has operated on nearly 300 cases of mechanical dysmenorrhœa, with but few and slight casualties. On the other hand, M. Bernutz, *op. cit.*, who has devoted himself for more than twenty years to the study of the diseases of women, and with a most ample field, never met with a single case of mechanical dysmenorrhœa, requiring incision or dilatation—the former method he would prefer. More-

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over, when the advocates of this treatment do not agree as to the seat of stricture, whether at the internal or at the external os, there ought to be some hesitation as to advising it.

Dr. Radford communicates several "*Cases of Laceration of the Uterus, with Remedies,*" but as this subject has been presented to our readers two or three times within the past twelve months, we make no further reference to the communication.

Dr. Battye, of Edinburgh, has an interesting paper, entitled, "*A short examination of certain Uterine Affections, especially those accompanied with Leucorrhœal Discharge, in their relation to Phthisis Pulmonalis; with Cases.*" When visiting the Samaritan Hospital, London, in the summer of 1864, Dr. Savage called our attention to the important fact expressed in the title of this paper, and observation since has presented more than one instance attesting its truth.

Dr. Tilt discusses the "*Extreme Surgical Tendencies of Uterine Pathologists,*" etc.,—rather a wonderful step for Dr. Tilt to take. But, more wonderful still, Dr. Henry Bennet, in the "Remarks" made upon the paper, took up the same protest; and most wonderful of all, Mr. Baker Brown, fresh from his numerous clitoridectomies, united his condemnation. We can't help but think, in reading what these gentlemen had to say, of Swift's story of the complaints of the beasts—"the donkey had too musical a voice," "the elephant too slight and delicate a form," etc.

On a New Mode of treating Epithelial Cancer of the Cervix Uteri. By Dr. C. F. Routh.

The essential part of the treatment is the application of a solution of bromine, "five minims of pure bromine to fifty of spirits of wine," by means of pledgets of lint to the diseased surface. Certainly the success was sufficient to encourage a repetition of the practice; the bromine acts both as an escharotic and disinfectant.

Contributions to the Pathology of Puerperal Eclampsia. By Dr. J. Braxton Hicks.

The principal point which Dr. Hicks seeks to establish is that the albuminuria observed in these cases is consequent upon the convulsions, and does not precede them.

A paper by Dr. Tanner, upon *Excision of the Clitoris as a Cure for Hysteria*, etc., with the subsequent discussion, concludes the

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volume. That discussion evinced no little asperity of feeling on the part of some of the Fellows; but everything was calm as a summer's morning in comparison with the fierce raging of a winter storm, contrasted with the recent meetings of the Obstetrical Society, in which the question of the trial and expulsion of Mr. Baker Brown, (*vide Lancet*, March 9th and 16th, 1867,) were discussed. And here we can not help but remark the exceeding weakness of Mr. Brown's defense—so weak as to show a very bad cause, or else a very poor defender. Most discourteous interruptions were made during his speech; harsh and unkind things were said of him; but these ought to have roused all the intellectual vigor, dignity, and force of a manly soul, contending for what he believed the truth. He was expelled by an overwhelming majority; and he ought to have been expelled, if for nothing else, for making so flimsy a defense. T. P.

Treatise on Obstetrics. By CHARLES D. MEIGS, M. D. Fifth edition revised. H. C. Lea, Philadelphia. 1867. Robert Clarke & Co., Cincinnati.

Nearly twenty years have elapsed since the first edition of this work was published; and its reputation has been so long and so well established, that words of commendation from us scarcely need be given. Yet we can to those who have never seen the previous editions of the volume, whether students or physicians—would that the terms were always synonomous!—heartily commend it for their perusal and instruction. T. P.

The Indigestions; or Diseases of the Digestive Organs Functionally Treated. By THOMAS KING CHAMBERS, Physician to H. R. H. the Prince of Wales, Lecturer at St. Mary's, Author of Lectures chiefly Clinical, etc., etc. Philadelphia: Henry C. Lea, 1867. pp. 287.

The reader will note the plural form of the title,—a form new to our language and medical literature, but by no means original with the author, it having been frequently adopted by writers of continental Europe. It is a form adapted to the aim and scope of the work, the separation from each other of cases of disease, usually called by the same name, which are essentially different in their processes, and which require wide modifications of treatment. The book might almost be termed a second edition of "*Digestion and its Derangements*," an excellent work published by the same au-

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thor some years ago. In that, however, the subject was treated anatomically and chemically; here it is considered functionally, and in reference to the different kinds of food digested with difficulty, whether starchy and saccharine, albumenoid, fatty, or watery. In the present form it is far better adapted to the wants of the practicing physician; when he needs counsel he can readily refer to the chapter which treats of the prominent sympton his patient presents, and he will scarcely fail to find, among the numerous cases reported, the counterpart to the one under consideration.

But few classes of diseases present themselves to the physician more frequently, than those of the digestive organs, whether he practice in the country where severe labor exhausts the vital energies, and the excessive use of coffee and tobacco add their deleterious influence, or in the city, where sedentary habits, the absorbing cares of business, and again tobacco, or worse, dissipation, combine to ruin the digestive powers. Among workers and fashionable idlers, alike everywhere, the "stomach and its difficulties" frequently demand the physician's care, and prove not unfrequently a puzzle. The importance of the subject can not then be easily over-estimated; and especially in reference to the treatment of general diseases, and those where other organs than the stomach are primarily affected. Upon this point the author well says:

"In every acute case, surgical or medical, the modification of the result produced by our efforts, depends almost entirely on how far, how wisely, or how foolishly these organs are watched over; whether they are well or ill treated, either by the scientific guidance of the skilled physiologist, or by the empirical rules of the routine practitioner, or according to the tradition of the nurse, or the instinct of the patient. Each of these may be in their fashion a useful guide, but the first is at least most capable of improvement by labor."

It is difficult to give the preference to any part of a work which is generally excellent, yet, we would specify the chapter upon "Habits of Social life leading to Indigestion," as one especially worthy of careful perusal and remembrance. We extract the following, as a test of the point at which spirits become injurious to the health:

"I ask whether the patient ever is in the habit of taking it in the forenoon. If so, I at once feel sure that the stomach has suffered. * * * I have not yet met with a forenoon tippler, ever

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though he never got drunk in his life, without a condition of stomach, which most infallibly shortened his days, I find it a great advantage in the selection of lives for insurance, to substitute a pointed question on this head, for the usual aimless inquiry, whether the proposer is "sober and temperate." Nobody is anything else, of course; and the answer is a mere declaration of opinion. But, "do you take spirits in the forenoon?" Is that a habit? Require categorical statements of facts, which if false would vitiate the policy.

The beneficial influence of amusement and cheerfulness upon digestion is well presented:

"Which is waste of time, work or play? Truly, sometimes one and sometimes the other, but each out of their due season and proportion. The epithet '*frivolous*,' (from the same root as "*frio*"—what may be easily rubbed out and forgotten) is not necessarily depreciatory. Light thoughts, light occupations, that leave no care or impression behind them, are good for mind and body, and worldly estate."

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"Those in whom tastes have been implanted for simple amusement, can not be too grateful for them. And I hold it one of the wisest things we can do, in busy middle age, to keep up or acquire such tastes. When once the inevitable pensioning-off comes, it is usually too late to go through the necessary education. I have, indeed, seen a diplomatist, who had held in his grasp the destiny of nations, commencing at sixty-five the study of Italian, for the sake of reading Dante; and I thought at the time, it showed more courage even than his old trade of bullying into reason the masters of armies. Such courage is rare, and more generally the mind's mirror gets dimmer and dimmer, till there arrives with premature rapidity, the state of things so graphically depicted in the first chapter of Ecclesiastes. I am sorry to say, the stock example of this is a member of our profession,—Sir Astley Cooper, who, when in retirement, satiated with wealth and honors, is described as looking over the trees of his park, with the conviction that some day he should hang himself from one of them. He had wasted [?] his life in routine work, and it was too late to educate the mind to anything else."

We are glad to see the author place milk above beef-tea, as an article of diet for typhoid, or other conditions of the system re-

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quiring support, because we do not believe this article is so generally appreciated, and preferred by those practitioners who can always avail themselves of it, and can not always procure fresh beef.

"Milk is not only a type, but is also itself the most perfect food for extreme weakness. I have never yet met with a stomach which could not bear it, either made into whey, or prevented from coagulating by the admixture of lime-water."

We only wish his remarks upon the superiority of roasting meat over baking it, could have influence enough to effect a revolution in our domestic arrangements, for the sake of the enjoyment of those who are in health, as well as for the benefit of the sick. We are constantly talking of *roast* beef and mutton, while not a particle is seen throughout the length and breadth of the country; our meats are all *baked*, not *roasted*, and the two processes are widely different, both in regard to the taste of the healthy, and the digestion of the invalid.

There are some very good directions for the use of pepsine as an aid to digestion, and it is prescribed in many of the cases. It is useless in this country, however, to talk of "Boudault's Pepsine," and we may, therefore, be excused for calling attention to the fact, that any practitioner can prepare a wine of pepsine by macerating a rennet in sherry, which will furnish a very good form for the use of a remedy which is now so generally neglected.*

We regret that space will not allow us to make further extracts from the work, which is one of undoubted value to the practical physician That it is without blemishes we would not maintain; we notice at times an over-refinement in diagnoses, and as to the action of remedies, and a careless use of language, such as "a *lesed* state of the mucus membrane,"—"*actioates* the expulsion of fæces." The theory advanced as to sea-sickness, that it is caused by relaxation of the œsophageal sphincter, produced by the vibration of the vessel, we can not think much better than ridiculous, and we regret that in commenting upon the fact, that the vomiting of obstructed bowels is not a reversal of the ordinary peristaltic action, he does not give due credit to Brinton, for having first pointed this out. But these are minor faults; the book is a good one, and especially for the busy practitioner; largely made up of well classified cases, with a commentary upon them, it lacks the formality

* See *American Journal of Medical Science*, July, 1865.

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of a set treatise, can be caught up at any time, and opened anywhere, with the certainty of finding profitable knowledge pleasantly presented. R.

Serpents in the Dove's Nest. By REV. JOHN TODD, D. D. Boston: Lee & Shepard. 1867.

For years the medical profession has labored to set the public mind right upon the subject of abortion, and to awaken attention to its lamentable frequency, to show its criminality in a moral, and its deleterious effects in a physiological point of view. After much effort, they have succeeded in convincing the clergy of the prevalence of the crime, and this little book is one of the first fruits of a conviction of the necessity of their interference, and one likely to do excellent service. As the subject has called out a man of the reputation and standing of Dr. Todd, the lesser magnates will, undoubtedly, follow up the good work, and no longer respond to appeals on the subject, as one did to us but a short time since: "What! do you pretend to say that any of *my* church do such things?" Unfortunately, it is but too well known that modern christians can not repeat the boast of those of pagan Rome, that they could be distinguished from the world around them, because they did not procure abortions.

We advise our readers to supply themselves with this little work, and, when applied to for service, which no honorable physician will render, hand out a copy, and recommend it as containing excellent information upon the whole matter. It will save embarrassment, the unpleasantness of refusal, and, to a certainty, prevent another application! The second chapter of the work, "The Cloud with a Dark Lining," is on the subject of preventing conception, and when they find a woman beginning to suffer from menorrhagia, irregularities, and "weaknesses," while her family is remaining suspiciously small, they may call her attention to that part of the work, with the hint, that in it she may find a means of cure, by learning the cause of her ailments. R.

Observations on the Scientific Study of Human Nature. A Lecture Delivered before the London College of Preceptors. By EDWARD L. YOUMANS, M. D. D. Appleton & Co: 1867.

This is truly one of the class of "small books on great subjects." Within the compass of about forty pages, the author has given a

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vast amount of food for reflection, helped to make evident mutual dependence, and unity of mind and body, and aided us in seeing the universe as a wondrous harmonic whole, and not as an assemblage of detached fragments, and unconnected processes, and races of beings.

We believe we shall better serve our readers, and give them a better opportunity of judging of the work, by making a few extracts from it, than by anything we could write about it.

Thus he states the manner in which man has heretofore been studied, and he states it justly:

"The method of regarding man which tradition has transmitted to us from the earliest ages, is, at the outset, to cleave him asunder, and substitute the idea of two beings for the reality of one. Havthus introduced the notion of his double nature — mind and body, as separate, independent existences — there grew up a series of moral contrasts between the disjointed products. The mind was ranked as the higher, or spiritual nature, the body as the lower, or material nature. The mind was said to be pure, aspiring, immaterial; the body gross, corrupt, and perishable; and thus the feelings became enlisted to widen the breach and perpetuate the antagonism. Having divided him into two alien entities, and sought all terms of applause to celebrate the one, while exhausting the vocabulary of reproach upon the other, the fragments were given over to two parties — the body to the doctors of medicine, and the spirit to the doctors of philosophy, who seem to have agreed in but one thing, that the partition shall be eternal, and that neither shall ever intrude into the domain of the other."

The pursuit of the study of mind, by the doctors of philosophy, has been barren of good; so much so, that they themselves "have actually denied the attainment of truth to be their object: declaring that the supreme aim of philosophy is nothing more than to serve as a means of intellectual gymnastics." To re-unite these separated fragments, is now to be the work of science; a work in which Carpenter led off with those excellent chapters in his *Physiology and Mental Philosophy;* a work to which this lecture is a brief, but, by no means feeble contribution. For the treatment of the subject we must refer to the original source.

There are some most excellent remarks upon the subjects of mental hygiene and education; our space will only allow us to give a single paragraph upon the former subject:

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"The one great philosophical law upon which bodily and mental health are alike dependent, is the alternation of action and repose, which results from the limitation of power. The eternal equation of vital vigor is, *rest equals exercise.* That tendency to rhythmic action, which seems to mark all displays of power in the universe, is conspicuously manifested in the organic economy, allowing the muscles of respiration eight hours repose out of twenty-four, and six hours rest to those of the heart. The cerebral rhythm is diurnal, except that rest which parts of the brain may obtain when only other parts are in action, the organ finds its appropriate repose in sleep. 'Half our days we spend in the shadow of the earth, and the brother of death extracteth a third part of our lives,' says the eloquent Sir Thomas Browne; that is, the periodicities of cerebral action are defined by astronomic cycles; the brain and the solar system march together. Exercise and repose are equally indispensable to mental vigor; deficiency of exercise produces mental feebleness; deficiency of rest, disease."

We hope these extracts will induce a further acquaintance with a little work which we warrant to yield a thousand fold of improvement, compared with the time necessary for its perusal; every member of the profession who would raise himself occasionally above aloes and rhubarb, should give it a careful perusal, and then hand it to his neighbor, the teacher. R.

OBITUARY.

Dr. Caspar Wistar.

DIED—In Philadelphia, on the 4th of April, 1867, of serous apoplexy, Dr. CASPAR WISTAR, in the 66th year of his age.

Dr. WISTAR was a well-known and highly respectable citizen of Philadelphia, who, having for many years withdrawn from the practice of medicine, had devoted himself with untiring zeal to works of general benevolence. The center of a large family connection, the nephew of the distinguished anatomist and surgeon whose name he bore, with excellent abilities, a thorough medical education, ample means, and the patronage of a wealthy religious

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denomination, he entered upon the path of professional life with the assured prospect of success, and might, with comparative ease, have attained the highest emoluments and honors to which it led. That he paused, and turned aside in mid-career, devoting himself thenceforward almost entirely to the duties of domestic life, and works of public good, was owing to the conviction that he could better acquit himself of the responsibilities which devolved upon him in other departments of labor. His circumstances placed him above the necessity of professional toil, and enabled him to devote all his leisure, and the resources of an active mind, to the promotion, in various ways, of the welfare of his fellow-men. In employments such as these, he labored with unwearied diligence until the close. For more than forty years he filled the offices of Secretary, and President of the Board of Managers of the Philadelphia Dispensary, the sphere of which was greatly extended during his administration of its affairs—the impulse given ending in the creation of a new department over which he also presided. He was an active member of several of our societies for the improvement of prison discipline, and the reformation of offenders, adult and juvenile, against the laws of God and man; taking an especial interest in all that related to the African race. He was a manager of our two Houses of Refuge, and during many years, physician to that for colored children. This oppressed, and therefore degraded, people, ever found in him a faithful advocate and friend; and he happily lived to witness their enfranchisement and elevation to the common brotherhood of man. To the war which led to this great result, he was, no doubt, in accordance with the principles of his sect, conscientiously opposed; though one of his sons, emancipated from paternal control, bore a prominent part in the fratricidal strife, and was severely wounded on the disastrous field made memorable by the death of his friend and commander, the eloquent and lamented Colonel Baker. But while he regarded war as an unwarrantable means for the accomplishment of any object, he was too shrewd not to foresee in the abolition of slavery to which it must lead, some compensation for the evils which necessarily followed in its train. He was an influential and exemplary member of the religious society to which he belonged, fulfilling all his duties in strict conformity with the faith in which he, and his ancestors for several generations, had been educated. Thus busily engaged in deeds of charity and kindness to mankind, his whole

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time fully employed, *nulla dies sine linea*, life glided serenely and happily away, and, in the bosom of his family, having the love and respect of all who knew him, at peace with God, and in perfect charity with the world, he finished his course upon earth, and entered with hope and confidence upon an eternal and unchanging state of existence; for which—

"Some avocation deeming it to die,"—

he had long made diligent preparation.

Dr. WISTAR was a man of vigorous mind, excitable temperament, warm and generous impulses, steady friendship, and affable deportment. He was the friend of the outcast, the unfortunate, and the oppressed of every color; one to whom their appeal was never made in vain; and the void which his death has caused in the ranks of humanity will not soon be filled. L.

Dr. Orsemus Richmond.

At a called meeting of the Howard County Medical Society, held in Kokomo, on the 4th of May, 1867, the following resolutions were adopted as a tribute to the memory of Dr. ORSEMUS RICHMOND:

God having in his infinite wisdom, seen fit to remove from our midst, our beloved friend and professional brother, Dr. ORSEMUS RICHMOND, therefore,

Resolved, That in the death of Dr. RICHMOND, our Association has lost a valuable member, society a useful and respected citizen.

Resolved, That we deeply sympathize with the family and friends of the deceased, in their distressing bereavement, that we tender them our sincere and unaffected condolence, and commend them to an all-wise Creator, who is ever ready to appease the grief of the bereaved heart.

Resolved, That a copy of these resolutions be spread upon the records of this Society, published in the Cincinnati JOURNAL OF MEDICINE, and the Howard County papers.

J. C. JOHNSON,
L. KERN,
W. K. MAVITY, } *Committee.*

JOBERT (DE LAMBALLE) is at last dead, having lingered out, for many months, a miserable existence in the lunatic asylum.

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MISCELLANY.

Reply to Professor Hamilton—A Raid on the Medical Colleges.

MESSRS. EDITORS:—Among the numerous questions affecting the character of our profession at the present time, that of *Medical Education* is by far the most important.

It can not be denied that MEDICINE is fast losing its rank among the learned professions, at least in the estimation of the American public, and every intelligent man knows that this decline is caused by admitting to the ranks of the profession a class of persons who are utterly incompetent to discharge its responsible duties.

It has been the fashion with many to reproach our legislators for not passing laws to suppress quackery, as if this was the cause of the evil; but such reproach is unjust. Our legislators are not responsible. They have chartered Medical Colleges, and have committed to the Trustees and Faculties of these Colleges the duty of providing the State with qualified physicians and surgeons. The College Professors are not merely our legally constituted instructors in physic, but they are the duly authorized guardians of the profession—they are placed as sentinels at the portals of the Temple of Medical Science, with plenary power to admit and to exclude whomsoever they please.

The controlling influence which the public teachers of Medicine have exercised over most of our Medical Journals and Medical Associations, has enabled them to divert attention from the true source of the evil. It is only of late that the great body of professional men has become impressed with the guilt of the Colleges in this matter, and determined to speak the truth earnestly, and in a manner not to be misunderstood. The plea that private teachers are in fault for not sending a better class of pupils to College, is no longer admissible, either as justifying or extenuating the conduct of the professors. The private teacher can not confer degrees—he has no power to bestow medical honors, or medical privileges. This power belongs to the Colleges, and they alone are responsible for its proper exercise. If a practitioner send to College a student who is deficient in academic education, the College should at once reject him, and instruct the private preceptor as to the degree of education necessary to matriculation. For

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them to admit a student who is destitute of education, and put the stamp of M. D. upon him ere he is capable of comprehending the elements of Medical Science, and then to send him forth into the world as a genuine Doctor, is as great a crime against society as the passing of counterfeit money.

I know it is an ungracious task to impeach the conduct of men in high places; but when the honor of our beloved profession, and the interests of humanity are at stake, no personal consideration —such as the fear of offense, or the probable forfeiture of favor— should deter any one from uttering his convictions on this subject. Every man who has the welfare of the profession at heart should speak his sentiments boldly, and should persist in speaking and laboring, until the present wretched system of Medical Education is reformed.

The Colleges are alone responsible for the degradation of the profession. In their dishonorable rivalry, they have put the lecture fees, and the standard of qualification so low, that it is now really easier for a man to be a Doctor than to be a shoemaker, or a hatter, and it costs less.

The line which once separated legitimate medicine from quackery has been abolished. The doors of our Medical Colleges have been thrown open wide enough to admit the most illiterate. Within the past month, I was called to consult with an M. D., whose ignorance and stupidity would disgrace a cobbler's bench.

For years past, the most enlightened members of the profession have been urging the Colleges to desist from graduating unworthy candidates. Again and again, has the National Medical Association remonstrated with them, and all our State and local organizations have urgently recommended reform; but most of the Colleges (I will not say all) have disregarded these recommendations and remonstrances. Faithless to their sacred trust, they have subordinated the honor of the profession to their own selfish interests.

It was hoped that the stigma recently put upon the Colleges, by the Army Examining Boards, would have had a humiliating and salutary effect, and constrained them to exercise more care in granting diplomas, but the Professors seem to have lost all sense of shame, as well as of duty. Year after year, the disgraceful scramble for students is kept up, and the *Ides* of every *March* witness a new brood of unfledged M. D.'s turned loose upon society, "*licensed* to kill or cure," but not *qualified to do both.*

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Impressed with the need of a radical change in the system of graduation, I took occasion, in my Annual Report, to recommend a law for the protection of our people against incompetent practitioners. The bill provided for the establishment of a State Board of Medical Examiners. The Board was to be composed of nine medical gentlemen, to be appointed by the Governor, from among the most eminent physicians in the State. It forbade any person practicing without a certificate of competency from the State Board. Its examinations were to be open to the graduates of all the schools. By a clause in the bill, physicians practicing at the date of its passage were exempted from its provisions. The friends of the bill confidently believed that such an act would, in a few years, secure to the State a corps of educated and accomplished practitioners.

The passage of the bill was urged on the following grounds:

1st. That the State acted wisely in establishing a Board of Examiners for the army, whereby competent medical skill was secured for the soldiers.

2d. That if it was the duty of the State to protect the health and lives of her soldiers against unsafe practitioners, it is no less a duty to afford similar protection to her citizens.

In arguing the necessity for such legislation, I referred to the mass of ignorant Doctors throughout the country, by whose malpractice hundreds of human lives are annually sacrificed. Many of these Doctors are graduates; some have attended but one course of lectures, and thousands of them have never been inside of a College at all.

I also alluded to the large number of graduates of regular schools, rejected by the Army Board for incompetency, in proof of the fact, *that the diploma of a Medical College has ceased to be of any value as evidence of capacity.*

Having mentioned the leading features of my Report (so far as related to medical qualification), and having stated some of the considerations which influenced me to present the question in a public document, I shall now proceed to notice an article, by Professor Hamilton, of Starling Medical College, published in the April number of your JOURNAL.

The distinguished Professor does not perceive much necessity for legislative interference in medical affairs, nor much need of medical reform. From his elevated position at the Capital, he

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benignly surveys the situation. He beholds the worthy Alumni of Old Starling engaged in successful practice throughout the fair valleys of the Scioto. He sees them training a fresh supply of students for the coming winter. His mind dwells complaisantly on the "magnitude of the interest at stake." (?) From his "pivotal point" the prospect is decidedly pleasing. "All things are lovely," and "the profession deserves only plaudits."

The Professor's review is most remarkable in this, that it entirely overlooks the vital points of my Report, which were discussed by Dr. Reeve, in the March number of the JOURNAL. Strangely oblivious of the main question, he seizes a point of trifling moment in the argument. This point is an alleged inaccuracy, in my statement, of the number of candidates rejected by the late Army Examining Board. I put the number at eighty per cent. He says the number rejected for incompetency was less than fifteen per cent. He calls this discrepancy the "pivotal point," and exhausts nearly five pages of the JOURNAL, and a good deal of strategy, in an attempt to prove my statement a "blunder."

I should be glad if it were a blunder, and when the evidence of mistake is satisfactory, I will most cheerfully correct my error, in the archives of the Medical Department, as well as in the public journals.

My estimate of the number rejected was not made inconsiderately. It was based on information obtained from members of the Examining Board and other sources. Before writing my Report, I endeavored to obtain the exact official figures. The record of successful candidates had been placed on file in the Surgeon-General's office, but my predecessor, General Barr, informed me that the Board made no report of the unsuccessful candidates. I will venture the assertion, that no portion of your readers will be more surprised with Dr. Hamilton's figures, than the gentlemen who composed the Examining Board.

Since the publication of his paper, I have received a number of letters from medical gentlemen, who not only indorse my position, but my figures. A letter received from a distinguished member of the Examining Board, contains the following statement:

"I am sure that not more than *one* in *four* of the candidates passed, at any examination in which I participated."

A prominent member of the Legislature, formerly a regimental Surgeon, thinks Prof. H. must be mistaken. He was examined

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by the first Board, and distinctly remember that on the first forenoon of the session, no less than thirty of the candidates absconded, after examining the questions on the cards.

But I have no wish to press the investigation in this direction. So far as the argument is concerned, I can well afford to accept the number claimed by Dr. H. as rejected.

Adopting his method of calculation, 15 per cent. of the whole number would be 140.

Now allowing that the physicians examined, constituted *one fifteenth* of the medical force of the State, and fairly represented them in point of intelligence, this would give an aggregate of 2,100 incompetent practitioners in Ohio. Enough to satisfy most persons that we have indeed a "reformatory work on hand."

It is possible that the Professor has, through mistake, put his hand on the wrong package, and instead of giving the Record of the Army Board, has presented us with the results of some graduating class in Starling Medical College!

To err is human—I therefore respectfully suggest that the Professor put on his glasses, and re-examine the labels on those hermetically sealed packages.

My doubt of the Professor's accuracy, is enhanced by the fact, that though Secretary of the Board, and possessing the documents, he does not submit a plain official statement of the truth. Nor is his testimony that of a disinterested witness. On the contrary, he puts himself forward as a special pleader, and in his anxiety to shield the Colleges, has suffered himself to make an unfair use of the Record in his possession. I invite special attention to the proof of this assertion.

The Army Board existed about four and a half years. Dr. H. served on the Board about six months—the first six months of its organization. He confesses he has no knowledge of the number approved or rejected by subsequent Boards. This confession obviously disqualifies him for the discussion on which he has embarked, for if he is ignorant of the number rejected during the four years that followed his term of service, by what authority does he pronounce as incorrect, my estimate of the AGGREGATE number rejected.

Admitting that the first Board rejected only 15 per cent., does it follow that this ratio was rejected by all the other Boards? The Professor evidently thinks so, and it would be interesting to learn

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by what process of "mathematical gradation" or logic, he arrived at such a conclusion. He was warranted in giving the result of the examinations in which he participated—nothing more—and yet it will appear from a careful reading of his article, that he has not even done this. He says the Board of which he was a member admitted 330 candidates for examination. Of this number five withdrew, after attempting, "more or less," to answer questions. Nineteen others withdrew for reasons not stated. There remained 306 upon whom the Board was called to pass judgment. Does the gentleman inform us what that judgment was? I positively answer, *he does not*. He has studiously avoided giving this information. He says *many* "who were not successful with the first and second, applied to *subsequent* Boards. The object at present is to state exactly what was the *final* result with these 306 candidates," and he concludes by saying, "whole number approved by first, second, and *subsequent* Boards, 263. Whole number rejected, 43."

From this it is evident that Dr., H. and his colleagues on the first Board, may not have approved one-half or one-third of the original 306. We have no means of ascertaining the fact, except from the Secretary; all we learn from him, is that the rejected candidates of 1861, were privileged to go before later Boards; some of them may have been rejected half a dozen of times before being approved. But all of them that were *finally* approved, by *any* of the Boards *during the war*, are included by Dr. Hamilton in the above 263. I submit whether this is a fair use of the Record. If the Doctor had stated the number examined and approved, by the Board on which he served, and other Secretaries had made similar reports of their Boards, there would be no room for controversy.

Of the three hundred and thirty entries, the Professor reports only forty-three rejected. An opponent of the Regular Colleges, might insist that the twenty-four absconders, (5x19) should be added to the forty-three,—which would give a total of sixty-seven rejected during the first six months of the war. But this claim can not be allowed. The Professor has "a due regard for the rights and feelings of all concerned." To suppose that those twenty-four graduates after looking over the card-questions, became distrustful of their ability, and *vamosed*, rather than run the risk of a rejection by the Board, is a gratuitous and ungenerous assumption! Is it not more reasonable to suppose that while in

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the act of sharpening their pencils, prior to filling the blank spaces, they suddenly recollected a pressing engagement at home, perhaps an obstetrical or consultation appointment, which they were in honor bound to observe!

But we are not left wholly to hypothesis on this point. History informs us, that in those days of public examinations, a disease bearing some resemblance to cholera, made its appearance in Columbus. The "medicated" brethren from the rural districts, were particularly liable to its influence. Their sudden change of diet, from the dessicated esculents of the previous season, to the green peas and other early products of the Capital, may have increased this susceptibility. It is natural to suppose that many of the Doctors, alarmed by the novelty of the symptoms, took the first homeward bound train, as soon as they felt themselves attacked. One patriotic Esculapian, though suffering severely, refused to succumb to the endemic. Finding all ordinary remedies of no avail, he applied an old copy of *Hooper's Dictionary* to his *epigastrium*, and buttoning his coat down before to keep the cataplasm *in situ*, he proceeded to the Examiners' Hall, and commenced the task of filling up the blanks between the questions. He was getting along quite comfortably, until a "venerable member of the Board," observed him taking a stealthy look at *Hooper*, and thereupon charged him with a violation of the rules.

The unhappy Doctor, ashamed to confess his faith in the virtue of a cataplasm that had not been legalized by the Faculty, said in reply, that he was a victim of the prevailing disorder, and found it necessary to keep a good supply of paper about him, in order to be prepared for emergencies!

This explanation proved entirely satisfactory to the humane Secretary, and the Doctor was permitted to withdraw, without any stain upon his escutcheon.

The Professor charges me with "reading the great body of the profession out of respectable standing, and denouncing them constructively as criminals." This is certainly a grave charge, but I indulge the hope that he will revoke it after due deliberation. Bear in mind, that my denunciation extends only to those who were branded as *incompetent* by the Examining Board, and to the hundreds of others *equally incompetent*, who are now scattered over the State, pursuing their fatal trade with criminal recklessness.

Now, if *these* constitute *the great body* of the profession, I plead

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guilty to the charge, and only regret that my power is limited to denunciation. So vile a body should be buried beyond the possibility of resurrection.

But these ignorant pretenders—embracing quacks and charlatans of every name and complexion, do *not* constitute the body of the profession, and Dr. Hamilton ought to be disciplined for saying so. They are the *illegitimate progeny* of the College. They call the Colleges their *Alma Mater*, but we know that *ignorance* is their *Familias Pater*. These are the men who bring reproach upon our profession, and they will continue to bring reproach and dishonor upon it, just as long as Professor H. and other influential medical gentlemen will act as their godfathers, and endorse their claims to fellowship and respectability.

C. McDermont.

Dayton, May, 1, 1867.

Mr. I. Baker Brown.—The name at the head of this article has been prominent among the leading professional men of the great metropolis of England, and is familiar to the readers of medical literature in this country. His opinions have been received as the result of ample experience, and of calm, enlightened, honest deduction. In the earnest discussion of subjects, men have assumed an air of triumph in attempting to support their opinions by quotations from Baker Brown. Not a few kept before them his name, as a leading star in the firmament of Medical Science.

The fall of such an one, thus associated in the public mind, fills us not only with amazement, but poignant sorrow. It would have been better, if during his defense, the speakers had been allowed to proceed with less interruption and manifestation of feeling on the part of the prosecutors, and if the whole case had been adjudged by the facts alone—yet there is no room to doubt the integrity and usefulness of purpose of those who solemnly asserted his guilt and condemnation. And while the honor, dignity, and purity of the profession might not permit the decision of the Obstetrical Society to be reversed, there is room to believe that the offender allowed his zeal in the pursuit of knowledge, and perhaps, restless ambition, to control his better judgment and purer moral sense. Indeed, his mind seems to have run into a state bordering on pitiable monomania.

It was charged and proven that Baker Brown had extirpated

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the clitoris in both married and unmarried females, without the consent or knowledge of themselves, their husbands, or friends. The question to be decided was not whether clitoridectomy was promotive of good ends, but, whether its performance in so secret and unprofessional a manner admitted of justification. The Society, by a large majority, expressed an unqualified negative. Under the circumstances, the extirpation was pronounced a censurable *mutilation*, and not an operation for which the profession should be held responsible.

The defense was not such as might have been expected from those having full consciousness of innocence. Dr. Routh, the leading speaker in behalf of Mr. Brown, was more earnest than judicious or successful. To assume that the secret action of the accused was in accordance with professional usage, because,

1. Operations were daily performed without the patient being advised of the various steps necessary for their completion; and, because,

2. The doctor is not required to reveal the fact coming to his knowledge, that the child of the wife was not the child of the husband, was to assume a line of argument not very convincing to old logicians, nor delusive to the more inexperienced.

After having read the proceedings of the Obstetrical Society, published in the *London Lancet*, the inference seemed just, that the attempted defense of Mr. Brown by his friends, was more injurious to his cause, than would have been the promptings of his deliberate better judgment. If he had admitted the wrong, pleading innocence of intention, restoration, in all probability, would have speedily followed reproof. No man, whose life is guided by honesty of purpose, feels himself humiliated, much less degraded, by offering apologies for the commission of an unintentional wrong, or for seeking opportunities to repair that wrong.

The question is naturally suggested, for what purpose was clitoridectomy performed? The statement is, that it was to arrest the practice of self-abuse, and to prevent or cure one of its effects, mania.

It is to be proven that when masturbation and mania are associated, the latter is a necessary result of the former. Nor is it certain that the cerebral disturbance does not originate the excitability of the genital organs, until self-abuse and mania become mutually cause and effect.

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Cases of self-abuse are numerous, while mania, originating from this cause, is rare. The clitoris has been removed, and men have been emasculated, but without any realization of benefit to the mind. When erotic desires gain ascendancy over intellectual culture and the moral sense, the case becomes indeed a pitiable one, but, judging from the past, the cure is outside the domain of Surgery. M. B. W.

Acetic Acid in Cancer.—The *Gazette des Hopitaux* for January, contains several notices of Dr. Broadbent's method of treating cancer, and of the trials which have been made with it in several of the hospitals in Paris. Maisonneuve, Laugier, Tillaud, and others, all testify that the method was followed by very "mediocre results." We have in our own practice, tried it in several cases, and have come to the conclusion, that injections of acetic acid, perchloride of iron, or any other powerful agent, may be, in some cases, a preferable mode of attacking the morbid growth, but do not believe that the acetic acid has any advantage over the knife, or the caustics generally employed. We have found, as stated by others, that great pain follows the injection of acetic acid into healthy tissues, but where it penetrates the tumor alone, the patient does not complain. We greatly fear that Dr. Broadbent's sanguine expectations, from his new method, are not to be realized. In our humble opinion, the safest "modification" of cancer cell is its annihilation. With all due deference to those who have advanced the theory that the cancerous cachexia is due to the dissemination of the cancer cell from the external tumor, our own experience has taught us that no matter how early, and how thorough the extirpation or destruction of the local growth, the return of the disease can only be prevented by constitutional remedies—the best of which are some of the preparations of iron. G. C. B.

Charles Lever on Doctors and Patients.—"The State has no more a right to choose my doctor than to select a wife for me. If there be anything essentially a man's prerogative, it is his—what shall I call it?—his caprice about his medical adviser. One man likes a grave, sententious, silently disposed fellow, who feels his pulse, shakes his head, takes his fee and departs, with scarcely more than a muttered monosyllable; another prefers the sympathetic doctor, that goes half-and-half in all his sufferings, lies

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awake at night, thinking of his case, and seems to rest his own hopes of future bliss in life in curing him. As for myself, I lean to the fellow that, no matter what ails me, is sure to make me pass a pleasant half hour; that has a lively way of laughing down all my unpleasant symptoms, and is certain to have a droll story about a patient that he has just come from. That's the man for my money; and I wish you could tell me where a man gets as good value as for the guinea he gives to one of these. Now, from what I have seen of the Continent, this is an order of which they have no representative. All the professional classes, but more especially the medical, are taken from an inferior grade in society, neither brought up in intercourse with the polite world, nor ever admitted to it afterward. The consequence is, that your doctor comes to visit you as your shoemaker to measure you for shoes, and it would be deemed as great a liberty were he to talk of anything but your complaint, as for Crispin to impart his sentiments about Russia, or the policy of Louis Napoleon. I don't like the system, and I am convinced it doesn't work well. If I know anything of human nature, too, it is this—that nobody tells his whole truth to his physician *till he can't help it.* No, Tom, it only comes out after a long cross-examination, great patience, and a deal of dodging; and for this you must have no vulgar-minded, common-place, under-bred fellow, but a consummate man of the world, who knows when you are bamboozling him, and when fencing him off with a sham. He must be able to use all the arts of a priest in the confessional, and an advocate in a trial, with a few more of his own not known to either, to extort your secret from you: and I am sure that a man of vulgar habits and low associations is not the best adapted for this."—*The Dodd Family Abroad.*

THE MULTIPLICATION OF MEDICAL SCHOOLS.—In our last week's editorial we incidentally alluded to this subject, and are tempted to recur to it. During the present session of our State Legislature two new medical schools have been incorporated, and the question naturally presents itself, whether such an increase in the provision for medical education is called for by any existing necessity. Any one running his eye over the long list of similar institutions distributed all over the United States, must feel that the burden of proof as to the existence of such a necessity ought to rest upon those who ask for an addition to their number. We well remember the astonishment

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with which, in answer to an inquiry made to us a few years since in Vienna, by a Hungarian physician, as to the number of medical schools in the United States, our reply that there was "at least one to every State, and in some there were two or even more," was received. "Why," said he, "in the whole Austrian Empire we have but three!" Our national pride did not permit us to weigh the comparative merits of the schools of the two countries; and for aught he learned from us, each one of our numerous lecturing establishments might claim equality with the world-renowned School of Vienna.

But really this is a serious evil—this readiness of our State Legislatures to give the authority to create doctors of medicine to any decent body of petitioners, or any incorporated literary institution. It is one of the fruits, no doubt, of our free government, but one which does little credit to the wisdom or enlightenment of our legislators. Far from being an evidence of intelligence and culture, it is a proof of ignorance and narrowness. It comes from a want of knowledge of what a proper school of medicine should be, and a desire, doubtless often well meant, but too frequently most paltry and timorous, to avoid the charge of sustaining monopolies. Thus it has come to pass, that at the very moment when a vigorous effort is being made by the American Medical Association to raise the standard of professional education throughout the land, to require a more thorough literary training before admission to medical schools, to establish a more uniform system of tuition throughout the States, and thus to create a body of enlightened, thoroughly trained and competent men for the responsible office of guardians of the public health, these efforts are constantly antagonized by the creation of new establishments by our State authorities for the manufacture of medical diplomas, which, for all that the community knows, are just as good a warrant for their confidence and honor as those conferred by the ablest faculty in the land.

If we are rightly informed, the existing medical schools of Massachusetts did not think it advisable, while the question was pending, to offer any direct opposition to the movement of which we have been speaking. We suppose that in adopting this course they were actuated by the feeling that any such opposition would be useless and would recoil upon them to their disadvantage. Very likely this might have been the case; but we are sorry that some effort was not made to enlighten our law-givers as to what a medi-

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cal school ought to be, and the capabilities of those already existing.

It is an axiom with the medical profession, that no medical school is worthy of the name, or should have a right to confer the degree of doctor of medicine, which has not at its command clinical advantages. And yet at this moment the institution of this class which counts the largest number of pupils in this country, is said to be absolutely wanting this important department. Think of a man's being licensed to undertake the responsible charge of a case of pneumonia or pericarditis, with only a book and lecture knowledge of auscultation. It is bad enough for a graduate of medicine to be entirely unacquainted with the physiognomy of many of the commonest cases of infantile disease, such as the exanthemata for instance, as is too often the case—but to be absolutely unacquainted with the interior of a hospital, as we are informed a graduate of the institution we have referred to may be, is an abomination indeed.

We admit that it is a difficult thing to draw the line between an unjust favoritism to existing schools, and ruinous competition by throwing down the barriers and letting in the whole world to a general scramble for the rights and honors of the doctorate. But, difficult as it may be, it is not impossible; and it is time that those of our profession who have worked hard for, and feel some pride, in the degree which they append to their names, should make an earnest effort, through the American Medical Association or by outspoken remonstrance and energetic action in their own immediate circles, to stay the progress of the flood which threatens to sweep away everything connected with it which makes it worth having.—*Boston Medical and Surgical Journal.*

SAFFRON.—A correspondent of the *London Med. Times and Gazette*, writes to that journal lately to inquire why *saffron* is still ordered by the British pharmacopœia as an ingredient of the pil. aloes cum myrrh, claiming that it has no medical powers, and, therefore, adds uselessly to the bulk of the pills. As the formula of the U. S. Dispensatory also contains the article, and the question may, therefore, be of interest to our readers, we answer with the following paragraph from the introduction of Trousseau's *Chirurgue Medicale.* He is maintaining that the majority of the facts of therapeutics have been derived empirically:

"When women, engaged in picking the stigmata of the saffron, have complained frequently of exaggeration of the menstrual flow, this fact, of popular notoriety, could not fail to fix the attention of physicians, even the least intelligent, and thence to the emmenagogue and often abortive therapeutic action of the saffron, was but a step."

B.

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Officers and Committees of the American Medical Association for 1868.

President.—Samuel D. Gross, Penn.

Vice Presidents.—1st, A. C. Post, New York; 2nd, John H. Atlee, Penn.; 3rd, D. W. Yandell, Ky.; 4th, H. R. Storer, Mass.

Permanent Secretary.—W. B. Atkinson, Philadelphia, Penn.

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Committee of Arrangements.—Grafton Tyler, William P. Johnson, F. Howard, William Maybury, Lewis Mackall, T. F. Many, and J. M. Toner.

Committee on Medical Associations.—H. B. Palmer, Mich.; W. H. Byford, Ill.; M. D. Linton, Mo.; Gustav C. E. Weber, Ohio; H. R. Storer, Mass.

Committee on Medical Literature—George Mendenhall, R. R. McIlvaine, G. C. Blackman, E. Williams, and P. S. Connor, all of Cincinnati, O.

The Committee on Medical Necrology was continued, with the addition to its members of John Shrady, N. Y.; J. M. Toner, D. C.; Thomas M. Doran, Cal.; A. G. Field, Iowa; H. F. Askew, Del.; Samuel Willey, Minnesota; Samuel W. Welch, Galveston, Texas.

Committee on Epidemics and Climatology.—W. F. Thoms, N. Y.; J. W. Hatch, Cal.; Joseph Jones, Tenn.; J. F. Heard, Texas; and E. K. Hart, Conn.

Committee on Prize Essays.—Charles Woodward, W. W. Dawson, E. B. Stevens, Roberts Bartholow, and P. S. Connor; all of Cincinnati.

Committee on Publication.—F. G. Smith, Caspar Wistar, W. B. Atkinson and W. Maybury, of Penn.; H. F. Askew, Del.; H. R. Storer, Mass.; and W. W. Dawson, Ohio.

Delegates to International Medical Congress at Paris.—Drs. Paul F. Eve, Edmund Andrews, C. E. Brown-Sèquard, Thomas M. Logan, R. R. McIlvain, John M. Kitchin, B. Fordyce Barker, Thos. D. Brinsmade, John E. Tyler, J. M. Toner, and Louis Elsberg.

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THE

WESTERN JOURNAL OF MEDICINE,

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Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

JULY, 1867.

A Case of Uterine Pregnancy of More than Five Years Duration. By Dr. T. B. Cox, Frankfort, Indiana.

Mrs. A.—Married, about eighteen years of age, was seized with convulsions on the 30th of October, 1861. She was then, as she supposed, in the seventh month of utero-gestation. She had more than forty convulsions; two or three physicians were in attendance; she was bled, and the convulsions ceased—whether in consequence of the bleeding or not, deponent will not say. No uterine pain or contractions occurred at this time. A few days subsequently she had pains which were supposed to indicate commencing labor. A physician was sent for. He administered an anodyne, and she passed along without anything unusual occurring until the 17th day of November, when, just eighteen days from the first of the attack of convulsions, uterine pains recurred. Dr. W. P. Dunn visited her; believed her in labor; made a digital examination; thought that he felt some part of the fœtus presenting, but does not now remember the presentation. The pains seeming of an irregular character, he gave an opiate and retired, expecting, however, to be called up before morning, as this visit was made early in the evening; but, to his astonishment, when morning came the patient was quite free from pain.

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A few days subsequently there was a free secretion of milk, which continued several days, and was with difficulty arrested.

For a month or six weeks the catamenia appeared, and occurred regularly for nearly four years; then free hemorrhage, which lasted several days, the patient passing large clots of blood. The hemorrhage gradually ceased, nor was there, after this, any discharge from the vagina, nor any vicarious menstruation.

I first saw the patient on the 10th day of May, 1867; found a large pyriform abdominal tumor occupying the median line, perhaps a little more prominent upon the left side, and extending an inch and a half above the umbilicus; it seemed solid and of but slight mobility.

The patient was apparently laboring under an attack of peritonitis; there were intense soreness over the entire abdomen, fever, red tongue, occasionally profuse perspiration, etc. But under the influence of opiates, hot fomentations, and subsequently tonics and nutritious diet, she rallied, and was able to be up most of the time.

Subsequently she had chills, fever and sweating, and the tumor appeared to point on the right side, about two inches and a half lower than the umbilicus, and about the same distance from the median line.

After having become fully satisfied of the adhesion of the peritoneum to the abdominal walls, and there seeming to be fluctuation in the enlargement, an exploring needle was introduced, and an offensive liquid and gas escaped by the groove of the instrument. The patient being at this time very weak—indeed, extremely prostrated—and averse to any further surgical interference, it was deemed best to relinquish all attempts at further investigation until she should again rally. She was ordered stimulants in increased doses, anodynes, tonics and nourishing diet; in short, a general supporting treatment.

Under this course the patient improved somewhat in strength. Soon the tumor again become more prominent, and increased in size. It was now cut into with a sharp bistoury, an incision of three-fourths of an inch being made; a considerable portion of gas and very thick, offensive fluid, so very offensive that one could scarcely stay in the room, were discharged. From this time there was a continual discharge until the patient's death, which occurred on the 4th of August, some four or five weeks subsequent to the time when the puncture was made. The patient was so very feeble—indeed, only living, as it were, from day to day, and was so unwilling to have the opening in the abdomen enlarged sufficiently to enable us to ascertain what was the true condition, that we were still, to some extent, feeling our way in the dark. Of this much we were certain, that there was

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a fœtus in a decomposed state. But whether the pregnancy was intra- or extra-uterine, was something of a question. Dr. Dunn, who had been with the woman in her first sickness, as previously stated, was quite confident that it was true pregnancy.

Post Mortem, twelve hours after death, was made by me, assisted by Drs. Dunn, Douglass and Brown. An incision was made from the ensiform cartilage to the os pubes. Intestines healthy, with the exception of peritoneal adhesions. The uterus partially adherent to the abdominal walls; its fundus had been destroyed by ulceration, and yet the adhesions were so perfect that none of the uterine contents had escaped into the peritoneal cavity. Part of the body and of the neck of the womb was healthy; the rest of the neck was enlarged, elongated, and felt rather flabby. Just above the neck the walls of the womb had adhered, and were perfectly united to the extent of three-fourths of an inch—the adhesion so thorough that it could not be broken up. The remains of the fœtus were found lying in this ulcerated cavity, and the head seemed to be in the left iliac region. The flesh had nearly all sloughed off the bones, and as a natural result, the tumor had gradually decreased for some time previous to the death of the patient.

Such is a brief and very imperfect history of the case in point of details, but substantially true in reference to facts, as learned from her friends, from the patient herself, and from the physicians who were in attendance upon her during her first sickness.

Many physicians saw and examined this woman during the long interval that elapsed between her first illness and her death, and not one of them was fully satisfied as to her true condition. Some were inclined to the opinion that the tumor was ovarian, while others thought it extra-uterine or abdominal pregnancy. The case was perplexing to me. It had then been over five years since the woman had been supposed to be pregnant.

I would here insert some of my notes of the case, taken after my second visit: This can not be a fibrous tumor of the uterus, for the previous history will not warrant such a conclusion. The situation of the os uteri, and of the swelling, so near the median line of the body, as well as the shape of the tumor, would not lead one to believe it ovarian. The external appearance of the enlargement, the sensation produced by manipulation, the situation of the tumor, do not indicate abdominal pregnancy. The only reasonable supposition was, that the woman had been pregnant, and that the product of conception still remained within the womb. The patient was a perfectly healthy, well developed woman; strictly regular

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in her catamenia until the time when she considered herself pregnant. Gestation proceeded in a perfectly natural manner, accompanied by all the usual signs of that condition. Nothing unusual occurred until she was seized with convulsions, after which no movements of the fœtus were felt. An attempt at labor followed, succeeded by all the phenomena already related. Have we any authority for supposing the uterus still contained the fœtus?

Velpeau gives an account of the death of the fœtus at the sixth month, and eight months afterward there had been no symptoms of abortion. He expressed the opinion, that if the membranes remain unbroken, and air does not obtain access to the interior, it may be months or even years before abortion occurs. From my limited supply of standard authorities, I am unable to find a parallel case.

One of the most remarkable features of the case is the early return of the menses, and their perfect regularity for nearly four years. The uterus was, without doubt, entirely closed—the adhesion being strong and firm, and not of recent occurrence—so the discharge was probably from the neck of the womb.

An attempt at the introduction of a sound might have cleared up the mystery to some extent; but the case seemed so hopeless that it would have appeared an act of cruelty to subject the patient to unnecessary annoyances. Had I seen her sooner, I should have made greater attempts to save her, and to more correctly diagnose the difficulty. Was the uterus closed before the attempt at labor? I think, in all likelihood, it was, but I can not conjecture the cause of the adhesion. There is no evidence of any inflammation of the womb having occurred, from the earlier months of her pregnancy to within a short time before her death; and even then it would seem to have been caused by the decomposition of the fœtus.

Why were there not more frequent attempts at labor? Was it not by reason of the uterus being closed so near the neck that the circular fibres were interfered with, and the slight contractions in the first stage of labor could make no impression upon them?

How could the fœtus become decomposed, when from the complete closure of the uterus, no air could possibly obtain access to its interior?

Remarks.—The case above reported is certainly an extraordinary one; though, as we shall show by and by, similar ones have previously occurred.

Several questions are suggested by the narrative, at one or two of

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which we shall briefly glance. When did the adhesion spoken of, of the lower part of the uterine walls occur? If at the time the Doctor suggests, then for four years the cervix uteri and upper part of the vagina, one or both, must have been the source of the menstrual flow, which was regular as to time, and also, so far as we are informed, as to quantity. But that there could be such discharge exclusively from the womb, at first glance seems at least doubtful. Dr. Matthews Duncan, in his recent work, *Fecundity, Fertility and Sterility*, Edinburgh, 1866, remarks, in reference to the fallopian tubes and cervix uteri, "in both situations some little blood may be excreted in natural menstruation, but neither does afford the hemorrhage in menstruation or in menorhagia." Nevertheless, when we remember that there are several cases on record of menstruation during pregnancy, and that one of the most experienced of gynaeologists, Dr. Tilt, attributes such flow then to the cervix uteri, and to the upper part of the vagina; that the menstrual effort, at puberty, has in some instances, been known to determine a considerable flow of blood from the vagina; and when we remember this patient was carrying a fœtus that no longer required and appropriated a portion of the maternal blood, it is not at all improbable that the system relieved itself by a periodical discharge, no longer possible from the uterine cavity, but from the uterine neck and the upper part of the vagina.

As to the decomposition of the fœtus, several years ago M. Martin, of Lyons, observed: "When the fœtus dies from the second to the fifth month, it fades, wrinkles and dries up; it then resembles a small, yellow mummy, or very much like a fœtus for a long time macerated in alcohol: the placenta often participates in this state of withering, and the liquor amnii is wanting, or is replaced by a thick humor like earth, which incrusts the fœtus; but when the child dies from the fifth month till the ordinary period of gestation, the little corpse mortifies, increases in size, and exhales a horrible fetidity which characterizes putrid fermentation."

We have said that this is not the first case of retention for years of a dead fœtus; in more than one instance too, the death of the fœtus was co-incident with an attack of convulsions on the part of the mother. Of course we omit in our cases, all reference to examples of extra-uterine pregnancy, where many months or years, in one case forty years, elapsed after the death of the fœtus, before the mother died.

Dr. Dewees quotes two cases, in one of which the child was carried for nearly twenty months in the cavity of the uterus. This was verified by a post-mortem examination, at which evidences of metritis and peritonitis existed. In the second case the mother was still living at the last

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report, dated two years and five months after fecundation. *Dr. Hodges' System of Obstetrics.*

In the American Journal of the Medical Sciences, (Vol. V. p. 530,) an instance is given where the death of the fœtus occurred near the full term, and was discharged through a spontaneous opening in the abdomen, between one and two months subsequently.

In the succeeding volume of the same Journal, p. 33, Dr. Toy of Virginia, reports a case where, on the first of November, labor which had commenced a day or two previous, had progressed so far that the "os uteri was considerably dilated" and the protruding bag of waters ruptured; the pains ceased, and were not renewed, though a large quantity of ergot was administered. Peritonitis occurred; then an exceedingly offensive discharge from the vagina, and also the bones of one fore-arm and of both hands thus found exit; then, some months after, an opening in the right side, about one inch higher than the umbilicus; in August 1859, the remaining portion of the fœtus was removed by an incision through the linea alba and into the uterus, which was adherent to the abdominal walls: the patient recovered.

In volume XX, also of the same Journal, p. 77—83, two similar cases are given, the one furnished by Dr. Harris, of Clarksville, Va., and the other communicated to the Royal Medical Society of Copenhagen, in 1833. In the second case the termination of utero-gestation should have been about the middle of December 1827; several days after this the motions of the child ceased, and three months subsequently menstruation ensued, and recurred regularly: in October 1829, an opening which had formed some months previously, just below the umbilicus was enlarged, and the remains of the fœtus extracted. In each instance the patient recovered.

Another example. From *Schmidt's Jahrbrucher*, November 9, 1848. "This woman was forty-nine years of age, and had already borne two children. She was busily threshing corn, when she was seized with violent pains in the back, resembling those of labor. After they had continued two hours, the waters broke, and were discharged. For fourteen days she lay almost entirely upon her knees and elbows. At the end of this time the pains had almost ceased, but still in lying on her back, she kept her knees well drawn up. Three weeks afterward she was seized with a flooding, which was easily stopped. After this there was a constant fetid discharge from the vagina, which continued more or less for eleven years, and occasionally some fœtal bones were discharged with great pain. During most of this time the woman was able for her work,

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and in good health. At the end of eleven years she was again forced to betake herself to bed, and she died, after some time, with the symptoms of purulent infection. On dissection, the uterus was found adhering to the anterior wall of the abdomen, and it contained the remains of the putrified fœtus, along with its numerous bones."

In the American Journal, Vol. XXV. p. 541, an equally remarkable case is given—communicated by Dr. Hortze, of Anson Co., N. C., to Prof. Meigs. Here the patient dated her pregnancy from March 1848; it proceeded normally, but at its normal termination no symptoms of labor; in a short time more menstruation took place, and recurred with considerable regularity; in March 1849, a few of the fœtal bones were discharged, per rectum; in May 1851, the patient died, and in the uterus were found the remains of a fully developed fœtus, except those portions which had passed off by the bowel—there was a fistulous communication between the uterine cavity and the rectum formed: in this case the fœtus, after complete development, had been retained for more than seven years.

We might present other cases illustrating protracted fœtation, and a wide field opens to us as to the *causes* of this condition, as to *diagnosis* and *treatment:* but our remarks have already occupied quite enough space. T. P.

Medical Coroners. By Hon. J. W. Gordon, M. D., Indianapolis.

The State of Indiana, like most other States of the Union, derives its laws and institutions from England. Both, however, have been more or less modified in order to adapt them to the form of our government, and the condition of our people. In no respect have they undergone greater changes, than in so far as they relate to the tenure of offices, and the rank and qualification of officers. These changes have doubtless transcended the exigencies of our circumstances; and, it is to be feared, conferred no corresponding advantage upon the public, whose welfare they were instituted to promote. In nothing is the truth of this observation more forcibly illustrated than in the almost universal eligibility to office, without any requirement of superior qualification, or, indeed of any qualification at all, for the performance of official duty, on the part of the elected. In a State like ours, whose offices of trust and profit are thus thrown open to all without reference to fitness, great inconvenience and great evil must frequently result from the election of ignorant and incapable men. The ignorant and unqualified are unfortunately not always modest and unselfish; and are, therefore, not unwilling

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to seek or receive, at the hands of the people official trusts created for the advantage of the public, without any qualification whatever for their performance. The office is sought for the advantage of the officer and is too often conferred without reference to that of the public—the only motive that, in a well regulated State, should ever entitle one man to be preferred to another in the bestowal of office.

No office in the State has hitherto more forcibly exhibited the evil tendency of the times among us, than that of Coroner. Many causes have conspired to produce this result. Perhaps, none more than the miserable provision made by law for the compensation of the officer, which may be taken as the measure of importance attached by public opinion to the office itself. The estimate thus placed upon the office and its duties, is a false one; for it may be safely said that there is no office in the State that stands so closely connected with the wise and just administration of criminal law, in cases involving life and death, as that of Coroner. Indeed, in all cases of homicide where the evidence of death and of the means of death is not ocular and direct, the Coroner's inquest must furnish the sum of evidence in regard to the mode and cause of death upon which the court must act in the application of the law to each particular case. If the evidence thus furnished be uncertain, incomplete and fragmentary, Justice must needs halt in its course, and fall short of its object. Thus, in every case of death occurring in the absence of known witnesses, the first step in the process of justice is to ascertain how the deceased died. It asks the question: Did he come to his death by natural causes, by accident, or by crime? If by crime: Was it by his own, or the crime of another, that is, by suicide, or homicide? These questions must be answered, and the law has provided that they shall be answered, by facts collected on the spot where the body is found, or near it; and the Coroner's inquest is made the means of their ascertainment. It is scarcely necessary, therefore, to observe that, if that inquest shall leave it uncertain in any degree, whether the death to which it relates happened from natural, accidental or felonious agencies, that uncertainty attaches to the process of judicial investigation at every subsequent stage; and as our law requires that every material fact of every crime shall be proven beyond a reasonable doubt, before any person shall be punished therefor, it follows that, no matter how cogent soever may be the proofs of guilt upon other branches of the case, there can be no just conviction where the cause of death is left uncertain.

Having thus briefly indicated the importance of the principal function of the Coroner, as that office is constituted in most of the States of the

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Union, and the necessity of its enlightened performance to a complete administration of penal justice in its most important relations to society, a plea for conferring the office only upon educated, competent and upright men will, with men of sense, require no apology. When, however, the nature of the facts to be ascertained and established by the Coroner's inquest, is considered, a mere general education will be found to fall far short of that required for this investigation. It must extend further, and embrace an accurate special knowledge of all topics involved in a scientific and exhaustive inquiry into the circumstances and causes which may have led to the death of persons found dead, or tend to establish their identity. A thorough study of Medicine and Surgery best meets all the exigencies of the case in hand; and, therefore, whenever the interests of the public only are sought to be advanced by the election of Coroners, none but educated physicians and surgeons will be chosen.

Before proceeding to discuss the special grounds upon which the conclusion thus generally stated must stand, it may not be improper to glance briefly at the history of the office of Coroner under the laws of England. Such a review will enable us to determine the purpose of its original institution, and at the same time to ascertain whether recent legislation, in our own country, has really augmented or diminished its usefulness, as one of the instrumentalities of a wise and civilized government.

"The Coroner's is a very ancient office at the common law." It was originally chiefly concerned with the pleas of the crown, and the officer was hence styled Coroner, or, in Latin, *Coronator*. Lord Coke says, "His name is derived *a corona*, so called, because he is an officer of the crown, and hath conusance of some pleas which are called *placita coronæ*." The office is as ancient as that of sheriff, and is referred to the reign of King Alfred as the era of its origin. Both were instituted at the time the earls resigned their wardship of their respective counties. There were usually chosen four coroners for every county, but sometimes a greater or less number. The mode of their election was by all the freeholders of the county court; and these electors were convened by a writ at common law, styled *de coronatore eligendo*. This writ contained an express command to the Sheriff *quod talem elegi faciat, qui medius et sciat, et velit, et possit, officio illi intendere*. And it was provided by the Statute of Westm. I., "that none but lawful and discreet knights should be chosen;" and Lord Coke cites an instance of a "common merchant being chosen a Coroner," and "removed for that he was *communis mercator*;" and he adds: "By the ancient law he ought to be a knight, honest, loyal and sage, *et qui melius sciat, et possit officio illi intendere*. For

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this was the policy of prudent antiquity, that officers did even give a grace to the place, and not the place only to grace the officer." The same author informs us that the Coroner, in those ancient times, had the same authority "he now hath, in case when any man come to a violent or untimely death, *super visum corporis, etc.*" By the seventeenth chapter of *Magna Charta*, the Coroner was denied the right to hold pleas of the crown, further than the taking of an indictment, *super visum corporis;* and, when he had taken it, to deliver it over to the justices. And this seems to be an authority still substantially preserved by the office, even in this country, and, indeed the principal one. The office is said, by the learned Blackstone, to have fallen "into disrepute, and got into low and indigent hands," "owing to the culpable neglect of gentlemen of property."

The first duty of the Coroner and that with which it is the purpose of these papers chiefly to deal, is that which requires him to inquire "when any person is slain, or dies suddenly, or in prison, concerning the manner of his death. And this must be *super visum corporis;* for, if the body be not found, the Coroner can not sit. He must also sit at the very place where the death happened; and his inquiry is made by a jury from four, five or six of the neighboring towns, over which he is to preside. If any be found guilty by this inquest of murder, or other homicide, he is to commit them to prison for further trial; and, also, to enquire concerning their lands, goods and chattels, which are forfeited thereby." The laws of England require him to go further, and inquire, even after it had become clear that no murder, or other homicide has been committed, and that the death was purely accidental, whether any deodand had accrued to the King, or lord of the franchise, by the death. But, as in the West we have never adopted the English laws in respect to forfeitures and deodands, this branch of the Coroner's duties can be of little use here, save as a curious piece of antiquity.

[TO BE CONTINUED.]

The Laryngoscope in the Diagnosis and Removal of Foreigu Bodies from the Air Passages. By J. R. WEIST, M. D., Richmond, Ind.

Although when a foreign body is lodged in the larynx or trachea, the pain, cough and spasmodic action of the muscles of the larynx attending threatened suffocation, will commonly preclude the use of the Laryngoscope, either for the purpose of diagnosis or as an aid in the removal of

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the intruding substance, yet cases of this accident are often met with, in which the usual distressing symptoms are absent, either from the beginning or from a period soon after the accident; indeed, it sometimes happens that the most careful and thorough examination of the patient fails to determine whether or not a foreign body has passed the janitor stationed ot the entrance to the larynx, and found a lodgment in the passages below. It is obvious that a case in which such a state of uncertainty exists, will afford a great deal of embarrassment to the practitioner, as well as danger to the patient, leading as it may in one case to a neglect of the proper means that should be employed for the safety of the patient, and in another to the performance of a needless and dangerous operation. In cases of this character, the Laryngoscope will sometimes be of signal service by supplying the information required for a proper diagnosis.

It is well known that foreign bodies of various kinds often become lodged in the larynx, and I can conceive of no reason why they can not be detected in most of the cases where it is possible to use the Laryngoscope; at any rate it is certain that they have been so detected, and it therefore follows that by this instrument we are furnished with additional means of information in many cases of this unfortunate accident. Not only may we thus make sure of our diagnosis, but by the aid of this instrument extraneous bodies may be often removed from the larynx that would otherwise require, for their removal, a dangerous operation, for it cannot be denied that bronchotomy, when practiced for the extraction of foreign bodies from the air passages, is attended with great danger, greater perhaps than is commonly believed. In a paper read before the Indiana State Medical Association, at its last meeting, I reported in detail eighty-two cases in which bronchotomy was practiced after the accidental introduction of foreign substances into the larynx and trachea, followed by a mortality of 23.17 per cent. With a knowledge of the danger attending the "cutting a hole in the windpipe," no one can question the value of any plan that promises to relieve an occasional favorable case without any danger whatever. Even in those cases in which the diagnosis admits of no question, and in those in which the foreign body must of necessity be removed by opening the larynx or trachea, the Laryngoscope may often render valuable service to the surgeon in determining the precise location of the extraneous substance, thus enabling him to proceed with his operation and efforts at extraction in an intelligent manner.

The three following cases are reported in order to demonstrate the

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practicability, in certain cases, of the plan proposed for the detection and removal of foreign bodies when in the larynx.

The first case is reported by Mackenzie, in his work on "The use of the Laryngoscope in diseases of the throat." The others occurred in my own practice.

Case I.—"Caroline C. æt. 12, was brought to the Dispensary, February 8, 1864, by an elder sister. She was crying, and her sister stated that on the previous evening she had swallowed a herring bone. She said that she felt the bone whenever she swallowed. She had put her fingers down her throat to try and get it up, and had been sick several times. I examined her with the Laryngoscope, but could only see that the mucous membrane of the larynx was much congested. Not being able to perceive the bone, I thought she had probably swallowed it, and recommended an inhalation of hot steam to relieve the irritation. I should mention that I passed a bougie into the stomach without difficulty. The next day the child was again brought to me. Her breathing was slightly stridulous, and a medical man who had seen her in the meantime, had told her mother that 'croup was coming on.' On examining the patient with the Laryngoscope, the ary-epiglottidean fold and ventricular band on the right side were seen to be much swollen, and of a bright red coior, and a portion of the bone was distinctly seen lying across the right ary-epiglottidean fold, near the epiglottis. Apparent as it was, and easy as it seemed to seize, the greatest difficulty was experienced in getting it between the blades of the forceps. In the first attempt the mucous membrane was slightly wounded, and the bone became obscured by the blood. After an interval of half an hour the bone again became visible, and it was fortunately seized between the blades of the forceps. The bone was three quarters of an inch long, and very thin. The patient complained of a little pricking in her throat for a day or two, but on the following Friday, (the accident happened on Sunday) was quite well."

Case II.—Mr. ———, æt. 24 applied to me April 10th, 1866, stating that he had a fish bone in his throat; that it had been in twenty hours. There was some pain and soreness in the throat, slight cough, and at times considerable difficulty in breathing, voice quite hoarse. There was decided pricking pain in the throat whenever he made an effort to swallow. He states that he was sure there was a bone lodged in his throat, for the trouble came on suddenly while he was eating fish, and that he could feel it pricking constantly since. He had already been to two medical men who had examined him, and declared there was nothing in his throat, one of them stating that "his right tonsil had been scratched by

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the bone in the act of swallowing, and that from this proceeded the pain and soreness that he felt." The other told him that he "had caught cold, and had only an ordinary sore throat." I examined his throat with the Laryngoscope, making use of bright sunlight. Much patience was required in order to obtain a satisfactory examination, as his throat was not very tolerant of the presence of the laryngeal mirror. For some time about all that I was able to see was that the mucous membrane of the larynx generally, was highly congested and of a very red color. After some time I observed that the congestion was greater at the lower margin of the epiglottis on the left side than elsewhere, and after carefully examining the locality I was able to detect what seemed to be a small portion of the bone nearly covered with mucus. An attempt was immediately made to seize it with a pair of delicate forceps, but, as in Mackenzie's case, while this seemed a very easy thing to do, it was in reality a very difficult thing to accomplish. After several attempts, however, I succeeded in seizing and removing it. It proved to be a small, slender bone, a little more than three fourths of an inch long. Two days afterward there remained slight hoarseness and soreness of the throat. In three days the patient reported himself entirely well.

Case III.—Mr. ———, æt. 26, presented himself to me March 20th, 1867, stating that he had something in his throat which he believed to be a fish bone, as his trouble came on while eating fish for dinner, some three hours before. He stated that while laughing, (having food in his mouth at at the time,) he suddenly became choked, a violent fit of coughing followed; hoarseness came on immediately. When I examined him, his breathing was not much disturbed, and there was but little disposition to cough; his principal cause for complaint being his hoarseness, and the constant pricking in the throat; this latter symptom was much aggravated during deglutition.

By the aid of the Laryngoscope I was able, with very little trouble, to obtain a satisfactory view of the larynx. The mucous membrane covering the epiglottis, ary-epiglottidean folds, and ventricular bands was quite red and congested. Guided, as in the previous case, by a spot on the right ary-epiglottidean fold where the coloration was deeper than on the surrounding parts, I plainly saw a portion of the bone; the part seen was near the epiglottis, and lying diagonally across the right ary-epiglottidean fold. The same difficulty was experienced in getting hold of the bone in this, as in the preceding case, but finally, after repeated failures, the bone was seized and removed. The bone was quite slender, and a little more than half an inch long. The patient reported himself quite well the next day, with the exception of a slight hoarseness.

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Chorea Fatal in Sixteen Days. By WAYNE GRISWOLD, M. D., of Circleville, Ohio.

John T. Doane, aged 16 years. A quiet, industrious boy, small of his age, worked on a farm located in a malarious district; health generally good; nervo-sanguineous temperament.

About six weeks previous to his fatal sickness, he would occasionally have a slight spasm of the muscles of one hand, and sometimes let his knife or fork drop while eating. He continued to work as usual up to March 15th, 1843, (the year the case occurred,) when the spasms commenced in one hand and arm, increasing steadily, and in a few hours extended to the neck, face, body and extremities. Every voluntary muscle in the system seemed to have become insane, drawing the limbs, body, head and face, into every conceivable shape. His countenance was most peculiar and grotesque in appearance.

No language could portray its variegated expression; every muscle was kept in constant play by perpetual tonic spasms, growing more violent from day to day, with no rest except a few short intervals of sleep; most of the time it required two or three to keep him on the bed. This continued unabated for sixteen days, when he sunk, entirely exhausted, and died March 31, 1843.

All the tonics, antispasmodics and narcotics, with baths, counter-irritation and cupping were used freely, without the least effect on the spasms, or benefit to the patient. At that time we did not use chloroform, bromide of potassium or epidermic injections.

Post Mortem examination 22 hours after death. No unusual appearance of body. Sexual organs moderately developed, with no appearance of abuse.

The organs of the chest and abdomen were examined, and no morbid changes found. The brain was also carefully examined, and no organic lesions discovered. There was a very slight congestion on the surface of the upper portion of the medulla oblongata.

It was the opinion of all who attended the examination that the patient died from exhaustion, as we could not discern any sufficient cause for the disease.

REMARKS.—During a practice extending through more than thirty years, I have met with a great variety of cases of Chorea, all of which

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yielded to treatment in a reasonable time except the above case. This *one* led me to believe that Chorea is sometimes so violent and persistent that it destroys life by absolute exhaustion, without any organic lesions.

Obscure Case of Femoral Hernia, terminating Fatally.

The following communication which has been received from a distant correspondent in one of our principal cities, is interesting in itself, and instructive also, as showing that if a correct diagnosis could have been earlier made, life might probably have been preserved.

"Dr. —— called at my office a few weeks ago to ask me to visit his wife, in consultation with Dr. ——. She had been seriously ill for several days, and he feared was about to die. She was a woman of more than sixty years of age, and had been subject to attacks of something like atonic gout, which was supposed to be her present ailment. On inquiring into her actual symptoms, I found that she had a pain over the abdomen, with irritability of stomach, and vomiting, even of stercoraceous matter. Hernia, he said, had not been suspected, inasmuch as nausea and vomiting were not uncommon; and her bowels moreover had been fully moved. I went immediately, and, with my attention directed to hernial protrusion as the probable cause of the mischief, made, consequently a careful exploration. Aware that a small segment only of the intestine might be fatally constricted without destroying its peristaltic action, on the contrary sometimes, indeed, even increasing it by the irritation thus induced, the examination was a very thorough one; but no perceptible protrusion could be discerned, under Poupart's ligament. Above the ligament and extending within and along the line of the ilium was an elongated swelling about the size of the little finger, somewhat more sensitive to the touch than the abdomen generally. Her pulse was small and frequent, her features sunken, and her whole system in a very prostrate condition. Inflammation of the coecum, or appendicula vermiformis, terminating in ulceration and extravasation, was now regarded as the most probable explanation of the symptoms; and to satisfy myself more fully of the permeability of the bowel, a dose of castor oil and turpentine was given, followed in due time by an active enema of the same materials. Several free evacuations were thus produced, and as she was manifestly very feeble, a tonic, sedative and stimulant treatment—quinine, opium and brandy, was promptly instituted, with warm fomentations over the abdomen, &c., &c. The nausea and vomiting had ceased from the time

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that I first saw her, and did not recur until near the close. The swelling gradually increased, extending upwards along the ilium and downwards over the groin into the labium of that side; the skin assumed a livid red appearance, with a crepitating feeling below, and an opening being deemed necessary, a long and deep incision was made into the part. A few bubbles of air only escaped; the cellular tissue was found to be in a gangrenous condition, and a fœcal odor was perceptible on the probe. Under the most active nutritive and supporting measures, the patient rallied for a time, her appetite returned, and notwithstanding the extensive destruction of parts, she even gave some hope of recovery with an artificial anus. But these favorable indications soon disappeared, her stomach ceased to be retentive, and she ultimately sank and died after an illness of about three weeks.

The autopsy revealed what had in the first instance been deemed most probable—the constriction of a small segment of the intestine in the usual place below Poupart's ligament. The protrusion was so slight, and the segment so small, that it might easily have eluded discovery even had attention been directed to it in the beginning, and detection at the time I was called in, several days after it had taken place, when adhesions had probably formed, ulceration and extravasation occurred, both outwards towards the integuments, and inwards into the cavity of the peritoneum, with local tumor along the ilium, and general tumefaction of the external parts, was well-nigh impossible.

It is not improbable that the previous attacks, which had been attributed to atonic or retrocedent gout, may have been owing to the partial engagment and self-extrication of thts bowel; a circumstance which may explain the failure to make an early and correct diagnosis in the case. L."

Cataract—Successful Operation.—By JOHN A. COMINGOR, M. D., Indianapolis.

I report this case, not from any peculiar merits it possesses, but for the purpose of illustrating the remarks that follow.

Mrs. S. G., aged 87 years, feeble and emaciated, had double cataract, the left eye having been cataractous for twenty, and the right eye for ten years; has been almost totally blind for the latter term of years.

On the 24th June, 1867, assisted by Dr. Avery, I operated on the left eye by scleronyxis, passing the needle from the outer canthus through the

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sclerotic about an eighth of an inch from the corneal margin, and a little below the meridian of the ball, bringing the needle within the center of the pupil, divided the capsule at the center of the pupillary area, gently pressing the divided capsule upwards and downwards until the pupil was cleared. On the withdrawal of the needle she was able to define an object the size of the hand; the pupil contracted instantly and perfectly, showing that the retina was normally sensitive to light. No injury resulted beyond that which was necessary to the introduction of the needle. No aqueous humor escaped that was observable. Only a moderate degree of sclerotitis followed, which was controlled by application of cold water, and the protection of the eye from intense light; and at presen writing, (twelve days after the operation,) our patient is comfortable, and much improved.

The appearance of the lens denoted a fluid cataract; it was uniformly white, with the exception of a dark spot corresponding to the center of the pupil; from this we inferred that the lens was in solution, and that the nucleus had been absorbed, or we should not have observed the clearness of the pupillary area through the slightly transparent capsule. Having determined the case to be one of fluid cataract, in the operating I made no effort at displacement or division, further than described above.

Before operating it is of the greatest importance for the surgeon to determine the character of cataract he has to deal with, as upon this must turn the propriety of adopting the one or the other methods of operating. Should he attempt to depress a fluid lens, he would not only fail, but be liable, by thrusting the needle deeply into the eye to injure its delicate structures. Caution is also requisite that the capsule be not torn in fragments, to form small bodies in the acqueous humor, and owing to their insoluble character, permanently obstruct vision.

Of the causes of cataract, proximate or remote, nothing definite is known. That ordinarily it does not depend on inflammatory action is quite certain. The most probable cause is that of defective nutrition, fatty metamorphosis or marasmus of the lens. The anatomical arrangemnnt of the lens is such that its nourishment is derived from nutrient vessels of the capsule. In the adult no artery penetrates the lens. Attachment to the capsule is necessary to maintain vigor in the lens. Any cause, therefore, the effect of which is to separate these bodies, cutting off nutrition, may be regarded a common cause of cataract.

Little can be said in favor of therapeutic agents for the arrest and prevention of cataract. Blood-letting and mercurials have had their day, and passed into disrepute. Eelectricity and tonics have been tried and

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shared a like fate; and now, as heretofore, our chief reliance is in operative interference.

There are three principal methods of operating—displacement, division and extraction. Circumstances and the characteristics of each case must govern the selection. Ordinarily the operation is made either by displacement or division; these are usually successful, and can be made without the same degree of risk as by that of extraction. There are those, however, who advocate extraction whenever practicable. They do so upon the theory that lodgment of the lens in the vitreous humor acts as a foreign body, subjecting the eye to serious inflammatory action. To some extent this may be true; but experience proves that less injury results from displacement than from that of extraction. From the close proximity of the lens to the hyaloid membrane, it is scarcely possible for the lens to become diseased without the membrane participating. Hence the liability to rupture the hyaloid, permitting the escape of the vitreous humor in the extraction is very great, and when done the injury is irreparable. Therefore, I argue that except in cases of extremely hard cataract, the other operations are preferable, as they furnish better results. That there is no great danger in displacement and leaving the lens for absorption, is well illustrated in operations in congenital cataract. Displacement or division are the operations relied on in this class of cases, and the results have been good.

I have only aimed to present this subject in a general way, reserving a fuller discussion for another occasion.

Since writing the above, I notice the following in the American Journal of Medical Science, July 1867.

Mr. Hutchinson states, (Royal London Ophthalmic Hospital Reports, Vol. V. part 4,) that he is trying the needle for senile cataracts, with success. Has operated on eight cases. In all solution is steadily proceeding. His plan is, 1st. To commence the treatment as soon as the opacity is sufficient to seriously inconvenience sight, and before the lens becomes hard. 2d. To do very little each time; do it carefully, so as not to displace the lens. 3d. To allow a long interval between operations; and, 4th. To use atropia freely.

Dr. Littell, (Ed. Walton's Operative Ophthalmic Surgery,) states that as a general rule in Wills' Hospital they operate by scleronyxis, and it appears that the cures constitute about four-fifths of the whole number of cases operated upon in that Institution.

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Lithotomy in the Female. By Dr. FISHER, Surgeon to the Servant's Hospital in Ulm. From the *Zeitschrift fur Wundarzte und Geburtshelfer* for 1866. Translated by Dr. HELLER, of Cincinnati, for the *Western Journal of Medicine.*

Among a number of operations for stone, I have had but two cases occurring in females, one of which I shall communicate.

A girl, aged 15, afflicted with hereditary scrophulosis, never having menstruated, suffered for years with urinary derangement. According to the statements of her parents, she had, in infancy, been a sufferer from gravel; in her sixth year she passed several small stones *per urethram;* a larger one lodging in the urethra was removed by a surgeon. From this time until her tenth year, she remained free from urinary trouble; when, the disease returning, a host of popular as well as medical means were employed without relief being obtained.

On the 26th of May, the girl was brought by her parents to my house for the purpose of having her re-examined. After the production of anaesthesia by chloroform, I proceeded to explore, and discovered on the right side, where the ureter enters the bladder, a stone lodged very tightly which in all probability obstructed the opening of the ureter; and what seems to confirm this opinion is the fact that the patient for months complained of a tearing and piercing pain, commencing in the right renal region, taking its course obliquely downward toward the pelvis.

As the patient's general health was good, I proposed lithotomy, which was promptly accepted, and three days later the operation was performed. I selected the mode of operating recommended by Chelius, which I had been in the habit of employing for a number of years with decided success. Placing the patient in the usual position for the operation for stone, I introduced a common male sound, (grooved,) which was held perpendicularly, the concavity pressed against the arch of the pubes, and with a common scalpel incised the urethra, the neck of the bladder, and the adjacent wall of the vagina in the centre, downwards. Then seizing the stone with a pair of forceps, I succeeded in extracting it without difficulty.

The stone was an oxalate, and was one-half inch in length and the same in thickness.

As there were pain and spasm of the bladder, an emulsion with laudanum, and sponging the parts were employed. Constipation was relieved by evacuating clysters and castor oil. Three weeks after the operation, the patient was pronounced well.

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Chelius says of this method of operating: "This mode is analogous to recto-vesical lithotomy in the male: we can enlarge the incision without danger of hemorrhage, and the larger stones can be extracted with great ease, as experiment upon the cadaver, and the happiest results in the living have demonstrated." The danger of incontinence of urine and of vesico-vaginal fistula from ample incision as by the common vesico-vaginal lithotomy, is not confirmed by his experience; he therefore considers this the best method of operating.

Bromfield says that a celebrated surgeon introduces one blade of a pair of blunt-pointed scissors in the urethra and the other in the vagina, and incises the lower part of the urethra where it ends in the vagina about an inch deep.

Remarks.—This case, the report of which our friend Dr. Heller has kindly translated for the Journal, presents many points of interest, two of which are the very fact of urinary calculus occurring in the female and requiring lithotomy, and the unusual position of the stone.

Mr. Poland, in Holmes' System of Surgery, article *Lithotomy in the Female*, thus refers to the vesico-vaginal operation: "The calculus has been removed by incision through the vagina; a very easy and expeditious operation, but which is followed almost necessarily by vesico-vaginal fistula and incontinence. Some make the incision longitudinally, and others in a transverse direction. M. Vidal's experience is derived from thirty operations without any death. He introduces a staff which is held in the median line and its convexity made prominent in the vagina; a blunt gorget is introduced into the vagina deeply, so as to depress the inferior wall of the vagina, (a speculum with one valve will do,) and then with the left index finger the groove in the staff is felt, and the bistoury is plunged into it, taking care to avoid wounding the urethra; the stone is extracted by the forceps; a female catheter is introduced through the urethra into the bladder; and the edges of the wound in the vagina brought together by suture. M. Vidal remarks that there is no hemorrhage or peritonitis; but that fistula often follows."

Quite recently a practitioner in this State found himself under the necessity of performing this operation for the purpose of *removing a pessary from the bladder!* A brother practitioner had a lady under his charge who was suffering, as he believed or knew, from some uterine displacement, to remedy which he introduced—no matter where—after considerable difficulty on his part and suffering on the part of the patient, one of Hodge's open lever pessaries. After the patient had worn the instrument

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some hours with increasing rather than abating pain, her physician wisely thought it best to remove the pessary. Imagine his astonishment and fright when the most diligent vaginal examination failed to discover it! In this emergency the practitioner first referred to was sent for in hot haste; and he too was for a time baffled in his search—the rectum and vagina were vainly explored; but finally he discovered the offending body in the bladder, and removed it by the vesico-vaginal operation. These are the essential facts as received from a medical friend, who had them directly from the operator, and of their truth we have no doubt.

This history shows the exceeding dilatability of the female urethra, and that a doctor is not always infallible. T. P.

An Essay upon Digitalis and its Mode of Action, by Dr. LEGROUX Translated from the Gazette des Hopitaux by L. J. FRAZEE, M. D., Professor of Materia Medica and Therapeutics, Kentucky School of Medicine.

Dr. Legroux makes the following *resume* in his inaugural Thesis:

1. Digitalis, of which the active principle is digitalin, exercises in all doses a special action upon the circulation;

2. If in poisonous doses, digitalis acts directly upon the heart; it seems that in therapeutic doses it primarily excites the contractility of the capillary vessels, and only influences secondarily the circulatory centre by re-establishing the equilibrium of the circulation;

3. If we adopt this theory, digitalis is a sedative to the circulation, in this sense, that it quiets derangements of this function; but this is done by an excitant and tonic, and not by a sedative action;

4. The influence of digitalis upon the temperature, the secretions, nutrition, uterine contractions, and hemorrhages, can only be explained by its excitant action upon the terminal filaments of the great sympathetic nerve;

5. This theory fully accounts for the favorable results obtained from the use of digitalis in fevers, cerebral affections, hemorrhages, dysmenorrhœa, congestions, dropsies, and derangements of the circulation connected with cardiac lesions.

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Some Remarks upon the Practical Value of Isolated Records of the Temperature Characteristic of Diseases, by C. A. WUNDERLICH. Translated for the Western Journal of Medicine by Dr. WM. CARSON, of Cincinnati, O.

He commences by forming a scale of temperatures corresponding with the degree of the febrile state: *

A.	Non-febrile temperature, below 38 to 38.1 centigrade. -	100.4
	1° Temperature of collapse below 36.	
	2° Normal or nearly normal temperatures—	
	a Temperature sub-normal, - - -	36 to 36.5
	b Temperature normal, - - - -	36.6 to 37.5
	c Temperature sub-febrile, - - -	37.5 to 38.1
B.	Febrile temperatures exceeding - - - -	38.1
	1° Trifling fever - - - - - -	38.1 to 38.5
	2° Moderate fever - - - - - -	38.5 to 39.2
	3° Intense fever - - - - - -	39.5 to 40.5
	4° Notable fever, (considerable,) rarely higher than	40.5 to 41.5
C.	Hyper-febrile temperatures, 40 and beyond.	
	1° Temperature of a paroxysm of infection, (malaria,)	41 to 41.6.
	2° Temperature of pernicious infection, without limit below, can rise to 42.5.	
	3° Temperature of neuro-paralytic (*agonie*); mostly it rises rapidly above 41.2, and can even reach 45.	

The extreme limits of temperature compatible with life are, according to his researches, 33.5 and 42.1. These two extremes have been observed with "typhiques."

With children, temperature in disease has the same significance as in adults; only there is much more of variability. It is the same with adults of certain nervous natures, with the so-called hysterical constitution: Old men, on the contrary, have usually a degree and a half below the mean. The hour of the day has a great influence; in general, the morning temperature is lower (about half a degree) than after mid-day, or in the evening. The term of digestion brings an increase of temperature which, in case of difficult digestion, can go to even one or two degrees and more. Temperature rises usually some tenths of a degree when a sanguineous

* Multiply by 9, divide by 5, and add 32, will give the Fahrenheit equivalent.

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flow is imminent; it falls after the flow. Menstruation, pregnancy, accouchement, heighten the temperature.

PRACTICAL VALUE OF TEMPERATURES.

1. *Significance of Temperatures for a Man in a Healthy State.*

A sub-normal temperature appears nearly without importance.

The sub-febrile temperature is more frequent with men in health; it indicates that all is not right, that there is a morbid sensibility, and it is nearly right to suspect a latent change if it is observed at several observations. Then the organs, and chiefly the intestines and the lungs, should be carefully examined.

Febrile temperatures are sometimes found in men apparently healthy. They are the certain indication of a lesion, or of the beginning of an acute affection, without other apparent evidence, or of a chronic affection.

2. *Significance of Temperature in Convalescence.*

One observes sufficiently often in convalescence and of a transitory form the temperatures of collapse. When this temperature happens a short time after the end of the fever, after serious diseases, or after light attacks in very susceptible subjects, and does not reach too low a degree, there is no danger. But the danger augments in proportion as this temperature of collapse is more removed from the antecedent febrile period; and it is necessary then to inquire if there be not some serious accident, internal hemorrhage, perforation of the intestine, etc.

Sub-normal temperatures are shown in convalescence; they have no dangerous significance—only they indicate that convalescence is not entirely assured.

A sub-febrile temperature denotes always that convalescence is incomplete; if it occurs in the morning, there is reason to fear some lesion.

A temperature really febrile is always of the greatest importance. It can depend, however, upon regimen, the premature use of meat or spirits, an overloading of the stomach, from the overtaxing of the patient, and from constipation; in all these cases it is of brief duration—all of them slackening the progress of the cure. But can also result from lesions, as only showing themselves by the temperature, (incomplete cure of morbid processes which re-appear, new intercurrent affection, latent chronic affection, ignored before and during the principal disease, and which at its termination has received an active propulsion); in these cases the increase of temperature may be for a long time the only apparent phenomenon.

3. *Value of the Temperature in an Indisposition Apparently Simple.*

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The febrile temperature can exhibit itself in an ephemeral manner; but if it continue, there is a probability of another affection than a simple indisposition. But it is necessary to recollect that children, women, impressionable subjects, men affected with chronic and especially tuberculous disease, have the febrile temperature in the simplest indispositions.

4. *Of the Temperature in the Beginning of an Acute Affection, not yet, even to the Fourth Day, Diagnosed.*

The sub-normal temperature is only seen in diarrhœa, cholera, loss of blood, and perforation of intestines.

A normal temperature excludes completely the idea of typhus, of acute exanthemata before the period of eruption, of croupal pneumonia, and makes less probable the developement of acute and intense inflammation of any organ.

The sub-febrile temperature has nearly the same significance; however one can meet it in the acute exanthems, very feeble before eruption, or in acute inflammation with slow developement; finally in abdominal typhus, but only on the first day or on the morning of the second.

The temperatures which characterize a trifling febrile movement or a moderate fever have rather a negative than a positive significance. In abdominal typhus, the temperature of the "*trifling fever*" is shown on the evening of the first or morning of the second day; that of the "*moderate fever*," the evening of the second, and the morning of the third, and sometimes of the fourth day.

A temperature strongly febrile on the first or second day, excludes typhus abdominal, or proves that it had begun sooner than the other symptoms indicated.

If on the first day a temperature of about forty-one degrees is observed, and if there be no symptoms of pyæmia, there is reason to expect an intermittent fever.

5. *Of the Temperature in the Second Half of the First Week.*

If the temperature of the evening is normal, sub-febrile or moderately febrile, the prodromial exanthematic fever, typhus, and croupal pneumonia can be excluded.

If the temperature be *hyper-pyretic*, we must infer an intermittent or an infectious disease.

6. *Of Temperature in the Exanthematic Fever.*

When an exanthema is produced, in the beginning there may be doubt as to its nature; the temperature falls at the beginning of variola or varioloid; it persists on the contrary in rubeola, scarlatina and exanthematic typus.—*Gazette Medicale, Feb.* 16, 1867, *by Dr. H. Beaunis, Professeur, etc., at Strasburg.*

[TO BE CONTINUED.]

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*On Jaundice and Biliousness.**

Perhaps there is no disease that is more intelligible than mechanical jaundice, or mechanical obstruction (for example, by a gall-stone), in the common duct.

Some slight error of chemistry, as extreme diminution of alkalescence, or perhaps slight acidity of the bile for a few minutes, may lead to the formation of cholesterin crystals, or to the precipitation of bile-acids, and thus the nucleus of a gall-stone would be produced. When this stone passes into the common duct, it stops the flow of bile; and by increasing the pressure of the bile in the bladder and in the ducts, it causes an increase of diffusion of the bile into the blood. The different ingredients of the bile diffuse at different rates; and according to their properties, they are more or less acted on by the oxygen in the blood, and being more or less changed they diffuse into the texture and excreting glands, in which they are still further oxidised.

The relative diffusibility of the different substances in the bile has yet to be determined by accurate experiments, and their relative resistance to the action of oxygen under different circumstances, is not known; but it is probable that the bile acids are more oxidisable than the coloring matter and cholesterin, and that the rate of oxidation of the bile acids will vary with the quantity of the bile acids present, with the amount of alkali, and with the active condition of the oxygen in the blood.

The unaltered bile acids possess highly energetic chemical properties, which do not at all belong to the cholesterin or coloring matter of the bile. For example, when appled directly to the heart, they greatly diminish the frequency and force of contraction. This is caused by a direct paralysing action on the striped muscular fibre of the heart, and also by by a paralysing action on the ganglionic nerves in the heart. On the nervous centers the unaltered bile acids also have a strong poisonous action, causing sopor and ultimately coma.

But the most decided action of the unaltered bile acids is on the blood globules. These are dissolved and destroyed by the chemical action; so that they are deprived of their power of carrying on oxidation in any part. Direct experiments have shown that unaltered bile acids can rapidly produce fatty degeneration of the liver, the kidneys and the heart; and if ever the destruction of blood globules takes place in any part of the brain, the action of oxygen there will be stopped, and from this convulsions will be produced.

When we turn from such cases of jaundice to the multitude of other cases in which no mechanical obstruction exists our pathology and reasons for treatment are still very uncertain and very unsatisfactory; and if, instead of taking an extreme case of non-mechanical jaundice, we take that daily condition which is summed up in the word *bilious*, no clear view of the state of the patient, nor of the reason why relief is obtained by aperient medicine, mercury, or emetics, exists.

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*By Dr. H. Bence Jones, St. George's Hospital Reports, Vol. 1, 1866.

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The assumption that the constituents of the bile are formed in the blood, and that their secretion from the blood may be suppressed or be defective, giving rise to jaundice or to biliousness, is contrary to all our present knowledge of secretion; and the further assumption that mercury, aperients, or emetics cause or accelerate the separation of the constituents of the bile from the blood, by acting on the secreting cells of the liver, is founded on no certain facts.

It appears to me that the knowledge which we have lately acquired of the rapidity of the passage of fluids into and out of the blood into the textures, and the progress of investigation in the laws of the diffusion of liquids, and some post-mortem appearances hitherto nnexplained, can now give us a much clearer insight than we have hitherto obtained into the state which we designate as bilious, and into very many, if not into all the cases which may be included in the large class of non-mechanical jaundice.

In all post-mortem examinations, when the gall-bladder contains bile, the evidence of the passage of the bile through the walls of the bladder is very distinct. Certainly the coloring matter of the bile can diffuse through the bladder and into the adjoining intestine in less than twelve hours after death. This appearance has long been considered as the result of death; but from all we know of the diffusion of liquids, there can be no doubt that the gall-bladder begins to allow the bile to diffuse through the mucous membrane into the blood vessels as soon as any bile passes into it from the secreting structure of the liver; and only at the time when the gall-bladder is empty does bile cease to pass into the blood by diffusion. The thickness which separates the epithelium of the gall-bladder from the blood vessels and from the absorbents is less than the whole thickness of the gall-bladder; and during life. the bile, before it can get to the outer surface of the gall-bladder, must pass through a layer of blood vessels and absorbents, which, whilst the circulation continues, would continually carry off all the bile as quickly as it diffused out of the gall-bladder.

The greater the amount of fluid in the gall-bladder, the greater is the pressure, and the greater is the diffusing surface; and the diffusion would continue until the escape of bile into the bowel altered the condition on which the action depends.

In the healthy state, the diffusion of bile from the gall-bladder into the blood rises from nothing to a maximum which is reached when the gall-bladder is distended to the uttermost; and the longer the gall-bladder remains distended, the greater is the amount of bile that passes into the blood.

The gall-bladder remains long distended when for many hours no food is taken; or when no food passes out of the stomach, or when opium is taken, which stops any motion of the duodenum; or when catarrhal inflamation of the duodenum exists; then, without any mechanical obstruction at the orifice of the common duct, the gall-bladder remains full of bile, and jaundice very commonly is produced.

The gall-bladder is emptied when solid food or irritating medicines pass through the duodenum; and the stronger the irritant, the more completely the gall-bladder empties itself. Even violent irritatian of the stomach is

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propagated to the duodenum, and causes the escape of bile from the gall-bladder, as is seen in the action of strong emetics.

It follows from these facts that diffusion of bile may be lessened by giving frequent emetics, or by those active purgatives which act on the duodenum strongly; and to get the maximum effect, that is, to reduce the diffusion to a minimum, irritants should be so given as to prevent the gall-bladder from becoming full.

The advantages which emetics have over purgatives are seen in the fact, that by emetics the bile is altogether removed, whilst after purgatives absorption of bile may still take place; for it is by no means disproved that an absorption of altered bile acids and coloring matter does not take place from the intestines.

The first action of the intensely acid gastric juice is to precipitate the bile acids, and chemical changes continue to take place by which some portion of the altered acids may be made soluble.

The coloring matter also undergoes changes in the intestines, and some of it, most probably in health, is carried into the blood and textures, and is finally removed in the coloring matter of the urine.

The altered bile acids and coloring matter probably have totally different chemical actions from the unaltered bile acids and coloring matter that diffuse out of the gall-bladder and act so energetically on the blood and textures.

In the ordinary state of health, two causes prevent the bile that diffuses from producing any symptoms of biliousness or jaundice. First, the oxidising actions are sufficient to render the bile acids harmless; and secondly, the quantity of bile acids that pass into the blood, and from it into the textures, is not enough to retard materially the oxidising actions that go on in the blood and in the textures. But whenever the oxidising actions from any cause are reduced, or whenever the symptoms which are summed up in the word *bilious* are produced; and if the want of oxidation or the excess of diffusion becomes very great, then jaundice is the final result.

On each of these causes of jaundice and biliousness I must say a few words. The jaundice from sub-oxidation arises whenever the balance between the quantity of bile that diffuses into the blood and the quantity that is oxidised is destroyed in consequence of some arrest of oxidation. In some cases of pneumonia, for example, the balance is thus destroyed, and jaundice is produced. The same thing probably happens in some peculear fermentations in the blood and textures, as, for example, in yellow fever; and still more probably, the jaundice of drunkards is also produced by deficient oxidation; and even the headache that follows a single excess probably arises from the action of the bile acids on the brain.

In this also we seem to get a very clear idea how close, hot air, as that of a confined room or cabin, will produce a bilious headache, and how fresh, cold air will remove it or prevent it.

With regard to the jaundice which results from excessive production of bile, the most remarkable example is that which arises from nervous action.

The experiments of Claude Bernard have proved that the secretion of the salivary gland is controlled and increased according to the action of the sympathetic nerve and the chorda tympani on the arterial capillaries.

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If the filaments of the sympathetic nerve alone, as they enter the sublingual salivary gland, are tetanised, a highly concentrated saliva is secreted, and the blood flows out of the gland of a dark color. If, in the contrary, the chorda tympani alone be tetanised, saliva is secreted copiously, containing no great proportion of solid matter, whilst the blood that flows out of the gland is highly colored, like arterial blood, and sometimes the arterial impulse can be distinctly traced beyond the gland and into the veins.

It is very probable that the sympathetic nerve in the liver, if tetanised, would stop the circulation by contracting the small blood vessels; and this would diminish the secretion of bile, whilst the branches of the pneumo-gastric which enter the liver, when stimulated, would relax the small blood vessels, and thus cause a more rapid circulation through the liver, from which an excessive formation of dilute bile would result.

Fright occasionally produces jaundice; and it is the more likely to do so if, at the same time, any great interference with the oxidising action occurs; thus, for example, when the congestion of the lungs after drowning acts with the fright in destroying the balance between the diffusion and the oxidation of the bile, jaundice is most likely to occur.

Biliousness is only the faintest jaundice, and the same causes that ultimately produce jaundice give rise in the first instance to biliousness. But of all the causes of jaundice, sub-oxidation and excessive production of bile are the two most likely to stop at the stage of biliousness, and to remain long there without passing into the state of jaundice.

There are, then, four different causes of jaundice and of biliousness:

1st, mechanical jaundice, or jaundice from obstruction.

2dly, catarrhal jaundice, or jaundice from catarrh of the duodenum.

3dly, chemical jaundice, or jaundice from sub-oxidation.

4thly, nervous jaundice, or jaundice from excessive production of bile.

Another kind of jaundice has been assumed to exist, namely, jaundice from the suppression of the secretion of the bile. It has been said to depend on "defective action of the secreting substance of the liver, in consequence of which the secretion or elimination of the bile is arrested," or in consequence of the formation of the coloring matter of the bile in the blood and in the textures, without the intervention of the secreting cells of the liver; and whenever in jaundice the bile acids have been absent from the urine, this blood jaundice has been considered to exist.

In the present state of our knowledge, it is quite certain that substances still unknown must exist in the blood, and that from these the bile acids and coloring matter are formed in the hepatic cells; these parent substances, whenever the secretion of the liver is suppressed, may accumulate in the blood, and undergo changes in the blood and textures; but then the bile would cease to be formed, and would disappear from the liver; and there is no proof whatever that from "this defective action of the secreting substance of the liver, in consequence of which the secretion or the elimination of bile is arrested," jaundice would be produced.

The substances from which the bile would have been formed if the liver had continued to act, might, without doubt, give rise to symptoms of poisoning, just as the substances out of which uric acid and urea are formed in the kidney become causes of death in cases of suppression of urine or extirpation of the kidneys; but these parent substances of the

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bile have yet to be found, and the symptoms they produce have to be accurately determined.

Probably this diseafe of suppression of bile will be found to be far more dangerous and far less remediable than any form of jaundice, and more closely resembling in its danger and rapidity suppression of urine than any other disease.

As the bile, by diffusion, passes out of the gall-bladder into the blood and textures, so also by the same property of diffusion the urine passes back from the urinary bladder into the blood and textures.

The urinary bladder is no glass or earthenware impermeable vessel, through the walls of which nothing can pass, but it is an animal membrane separating the urine on the one side from the blood on the other side of the mucous membrane, and according to the surface and pressure the urine must pass back into the blood from the moment it arrives in the bladder until it is thrown out. Usually this emptying takes plabe so often that no urinous poisouing is produced. But if from any cause the urine is long retained in the bladder, then the poisoning by the urine becomes evident; and if the retention in the bladder is repeated at short intervals, the urinous condition of the blood rises, and as it rises, each texture of the body is by diffusion impregnated with the poisonous matters, which act according to their properties and those of the different textures with which they come in contact. These poisonous matters are quite different from those which are formed when the kidneys are extirpated, or when total suppression of urine occurs. The symptoms in both kinds of poisoning differ in urgency, and death may ultimately result from both; but chemically they are two separate diseases; and the two corresponding states, which arise from the non-formation of bile and from the excessive diffusion of bile from the liver into the blood, must not be confounded under the common term jaundice, which almost certainly can not occur when the secretion of bile is suppressed.

The absorption of urine from the bladder constitutes, then, a disease corresponding to jaundice; but, from the frequency of emptying the bladder, this diffusion sets up no symptoms until retention of urine from any cause is produced; then poisoning from urates, urea, and other urinary substances, occurs more or less quickly according to the amount absorbed directly, and according to the amount thrown out by the bowels, stomach, and skin inversely. Even at the worst, this poisoning is not so rapidly fatal as the poisoning of kreatin, kreatinine, and other high compounds out of which the lower urinary substances are produced in the kidneys. This suppression-poisoning constitutes the so-called uræmia of Bright's disease, and it is the same as the poisoning produced by extirpation of the kidneys or suppression of the urine; and it corresponds with the disease produced when the secretion of bile is suppressed. For this poisoning I propose the term *cholegenous*, and from the analogous state of poisoning from substances that ultimately would become urine the term *urinogenous* poisoning, to distinguish it from the urinous poisoning (or true uræmia) which is produced by the absorption of the perfectly formed urine and its passage into and action on the different textures of which the body is composed.

Some increased clearness as to the use of remedies for jaundice arises out of the consideration of the different ways in which it is produced.

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In mechanical jaundice the treatment should consist in stopping the pain by general or local anæsthetics or by sub-cutaneous injections.

In catarrhal jaundice the inflamation of the duodenum should be the object of treatment.

In the chemical and nervous jaundice and biliousness the gall-bladder should be frequently emptied—if possible, two, or three, or four times daily; whilst oxidation should be promoted by giving the least oxidisable food and the greatest amount of air and fixed alkalis.

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Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By JOHN C. PETERS, M. D., Second Edition, with an Appendix. 1867. D. Van Nostrand, 192 Broadway, New York. For sale by Robert Clarke & Co., Cincinnati, O.

This is probably the best of the many recent monographs upon Cholera, and will prove a most valuable and acceptable volume to every physician. Great credit is due the Publishers for the attractive form in which it is presented.

An index would add to the value of the work, and it would be much more satisfactory to some readers at least, if when references are made to the statements of others, Dr. Peters had always given the volumes, journals, pages, &c., where these are found.

We observe that "Dr. Houghton" is quoted in reference to the outbreak of the Cholera in Dublin, in 1866. This surely is Prof. Haughton, of the Dublin University—a gentleman who was a clergyman and professor long before he became an M. D.—the latter title he received only a few years since—but who, nevertheless, ought to be well enough known in consequence of his important physiological investigations, by every medical man, to give the correct orthography of his name.

Dr. Peters, who was once a homœopathic practitioner, devotes a few pages of his volume to "Homœopathy and Cholera," and he most conclusively shows two things: First, that homœopathic practitioners do not treat this disease homœopathically at all; their main reliance is upon camphor, and this in anything but infinitesimal doses: and Second, that the extraordinary successes which some of the advocates of this silly delusion have boasted, are discredited by the best of their own faith. The concluding words of this portion indeed of the volume itself, are worthy of being remembered by all: It is evident from all that has gone before, that many cases recover under all kinds of treatment, and under no treatment; and that many die under all varieties of treatment. T. P.

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Circular No. 5.—This Circular, which has just been issued from the Surgeon General's Office, is a Report on Epidemic Cholera in the Army of the United States, during the year 1866.

To foreigners there can be no more convincing proofs that we are the most humane, generous and skillful people that ever waged war, than those found in the Medical department of the "Exposition Universelle," which contains specimens of our field hospitals, hospital supplies and stores, "diet kitchens," ambulances, stretchers, instruments, medicines, &c. &c.

That our Medical department is complete in all its branches, and the most useful to our country, not only to our army but to civil life, is seen in the rich harvest of scientific knowledge, which is to better not only ourselves, but all mankind, that has been gathered in, and bound in sheaves, and fully distributed among the professional men of the whole world.

These well arranged reports and statistical tables, which, from time to time, have been issued from the office of the Surgeon General, have a good effect upon the professional standing of the American physician, by bringing before him that kind of knowledge which, in our country, (where little attention is paid to registry and statistics,) is most needed.

Circular No. 5, commences with a well written report by Brevet Lieut. J. J. Woodward, Asst. Surg. U. S. A., in which he begins with the first case of Cholera that occurred in the army, being July 3d, 1866, at Fort Columbus, in New York harbor; and traces the disease thence through all its wanderings. The epidemic being carried to various departments of the army by recruits from this point, while another center from which the disease radiated, was New Orleans. The last case occurred among a party of recruits from New York, bound for San Francisco, in November.

The following brief summary will show the number of troops exposed, the color of the troops, the numbers attacked, and the proportion of fatal cases.

Whole number exposed to the epidemic, 12,780 men:

	EXPOSED.	CASES.	DEATHS.
White troops, - - - -	9,083	1,749	706
Colored troops, - - - -	3,697	959	501

The above is sufficient to show that somewhat less than half the whites, and somewhat more than half the colored soldiers attacked with Cholera died.

The report plainly shows that from the chief centers, New York and New Orleans, this epidemic can be traced, with but one or two missing

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links in the chain, to all the other military posts that were invaded. This would naturally bring up the discussion of the contagiousness of Cholera, but this learned report is silent upon this subject, although it carefully urges a strong quarantine as one of the best means of preventing the invasion of healthy places by this disease. Beside quarantine, other local, hygienic and therapeutic agencies are recommended.

Interesting tables and reports abound in Circular No. 5. We have no room to quote them now. The necessity of using water free from all organic matter is strongly urged; and as it will apply in all other cases of intestinal irritation, whether from Cholera or not, we quote Dr. Craig's method of rendering water free of organic matter, by the use of the per-manganate of potassa. "A good practical rule for purifying water is to add any solution of per-manganate of potassa, until the water seen in an ordinary tumbler, is perceptibly pink. This corresponds to the addition of from a half to a grain per gallon. After standing for a few hours the color disappears, and the water is left free as far as organic matters are concerned. If after two hours standing, the water has a pink color when received in a large white dish, or in a bucket of polished tin, the amount of per-manganate used has been sufficient, and if a pink color still remains after twenty-four hours, it has been used in excess."

The valuable remarks upon "Disinfectants and their use in connection with Cholera," are also by Dr. Craig, but space does permit further quotations. We can only close as we began, by giving great credit to the head of the Medical Department, for this means of giving light where it is so much needed. W. B. F.

The Mineral Waters of the United States and Canada, with Map, Plates and Directions for reaching Mineral Springs. By J. J. MOORMAN, M. D. Published by Kelly & Piet, Baltimore. For sale by Robert Clarke & Co., Cincinnati.

A new book of 500 pages, containing all the information required for a full knowledge of the location, chemical properties, therapeutic value, instructions as to routes for reaching, &c., the springs of the United States and Canada.

The author has "for more than thirty years" directed special attention to investigating the nature and applicability of mineral waters, and "enjoyed ample opportunities" of witnessing their effects in "almost every variety of disease."

In its perusal the reader is impressed with the fact that Providence has supplied this country bountifully with mineral waters of the greatest curative value. Not only should every physician have this book, but it should find a place in every library for which works are selected intended to impart general and valuable information. W. S. P.

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MISCELLANY.

Letter from Surgeon-General McDermont.

COLUMBUS, O., June 15th, 1867.

MR. EDITOR:—I regret that my friend Prof. Hamilton has deemed it expedient to carry his "war against the Surgeon General" into the State Medical Society of Ohio. The columns of your excellent journal afforded fair, open ground for controversy. It was the ground originally selected by himself, and the selection was judicious if he desired the question at issue between him and myself to be decided upon its merits. Had he fought it out "on this line," your numerous readers would have had the advantage of hearing the facts on both sides; but by changing the venue, Prof. H. has gained the advantage of putting the case to the jury on his own testimony, and securing what is technically known as a *snap judgment.* I solicit a brief space in the Journal to appeal from this remarkable verdict to the intelligence and good sense of my professional brothers throughout the State.

It is reported that at the late meeting of the State Society at Yellow Springs, immediately before the adjournment, Dr. Hamilton offered the following preamble and resolutions which were unanimously adopted:

"WHEREAS, The annual report of the Surgeon General of Ohio for 1867, contains the remarkable statement that in the examinations made, during the late war, of physicians of Ohio for the positions of Surgeon and Assistant Surgeon, 'none but graduates of regular medical colleges were admitted to examination, and that of these, more than eighty per cent. were rejected for incompetency;' and,

"WHEREAS, Such candidates so rejected are in the same report denounced in terms as follows; 'And these rejected candidates, with hundreds of others equally incompetent, are scattered over the State pursuing their fatal trade with criminal recklessness;' and,

"WHEREAS, It is stated in the same report that the State of Ohio furnished 936 Surgeons and Assistant Surgeons of regiments; that, therefore, more than eighty per cent. of those examined have been rejected; more than 4,680 graduates of regular medical colleges must have been examined, and more than 3,744 must have been rejected; and,

"WHEREAS, Even the latter number is greater by hundreds than even

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the number of regular medical graduates within the limits of the State; and,

"WHEREAS, It is impossible that these statements be correct, but are seriously disparaging and injurious to the medical profession of the State of Ohio; therefore,

"*Resolved*, That this Society, as the embodiment of the medical profession of the State, hereby enters its solemn protest against each and all of the above statements as incorrect, seriously disparaging, and injurious.

"2. That the report of the Surgeon General of Ohio, for the year 1867, containing as it does such wrong and injurious statements and denunciations, is not fit to be put in circulation, or filed with the archives of the State.

"3. That a committee of three be appointed to present this action of this Society to the attention of the Governor and Adjutant General.

"4. That this action of this Society be published in its proceedings, in tl e Medical Journal of the State, and also in such secular papers as may have copied the above injurious and unjust statements."

It is worthy of mention that I was present at the Yellow Springs meeting, from its commencement till a few hours before the final adjournment, (when business of importance called me away,) and that Dr. Hamilton delayed offering the above resolution until he knew that I had left the place.

I am informed by gentlemen who were present that more than half the members of the Society had withdrawn, thinking the business of the meeting over, and that those who remained were busy exchanging parting salutations, paying little attention to the proceedings, and never dreaming that the resolution offered by the ex-President of the Society was intended to subserve a personal and unworthy purpose. Every one knows how easy it is for an influential member, aided by a few friends, to carry a motion of any kind amid the confusion incident to the hour of adjournment.

I will not insult the State Society by regarding this resolution its deliberate act. I pronounce its passage a deliberate fraud upon the Society, and a flagrant abuse of its confidence. The resolution, I doubt not, will be indignantly repudiated as soon as the Society re-assembles and comprehends the facts in the case. Only four or five persons voted. There was no motion to refer to the proper committee for investigation—no motion to defer action till I should have an opportunity of being heard in my own defence. The plot was carried out in defiance of all rule and usage, and the record as it now stands on the minutes would be a lasting

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stain on the character of the Society if allowed to remain. No scientific body can put its seal of condemnation upon its humblest member without giving him a hearing; and for such a body to lend itself to the perpetration of an outrage upon one member merely to gratify the malice of another, would be a forfeiture of all title to public respect.

The above preamble reiterates the charge of inaccuracy in that part of my annual report which speaks of the number and character of the doctors rejected by the Army Examining Board.

In arguing the case before the State Medical Society it will be observed that the Professor did not pursue his original line of argumentation. He ignored those hermetically sealed packages, in his possession, which contain the results of the examinations made by the Board, of which he was Secretary, and he omitted to certify to the good character and accomplishments of the rejected candidates. He had tried these expedients in his first assault upon me, and found they did not answer his purpose. The exigency demanded a change of tactics. He therefore determined to concentrate his strength on one point, and that point was to demonstrate that it was absolutely impossible for eighty per cent. of the doctors examined to have been rejected, because there were not enough doctors in the State to admit of so large a per centage being rejected. In other words, he undertakes to prove an alibi!

I believe it was the senior Mr. Weller who first pointed out the value of an alibi. His memorable delivery on the subject was made while he and his son Samivel were taking counsel together in regard to the pending lawsuit of the illustrious Pickwick:

"Sammy, my son, tell your master to never mind the character, but stick to the alleybi. Nothing like an alleybi, Sammy, nothing. An alleybi's the thing to get him off. We got Tom Wildspark off that 'ere manslaughter with an alleybi when all the big vigs, to a man, said as nothin' couldn't save him—and my 'pinion is, Sammy, that if your governor don't get an alleybi, he'll be what the Italians call reg'larly flummoxed, and that's all."

Let us now examine this alibi for a moment, and I ask you to mark how plain a tale will put him down.

He says if 936 medical officers were furnished to Ohio regiments, and the Examining Board rejected eighty per cent. of those who came before it, the total number examined *must have been* 4,680, and total rejected 2,744 men; but this statement is far from true, as the sequel will show.

In the first place, the medical officers of the early regiments were not examined by the Board, and they are included in the aggregate (963.)

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In the second place, more than one-half of the Ohio Surgeons were not examined for their position by the Board, having been promoted in the field, from the grade of Assistant Surgeon. All these are counted twice in the aggregate.

In the next place, many Surgeons and Assistant Surgeons were transferred during the war from one regiment to another. Each man is counted in the aggregate as often as his name appears in different commands.

Again—many physicians who enlisted as privates and Hospital Stewards, were commissioned as medical officers upon the recommendation of the company and field officers of the regiments in which they served. I believe few of this class were examined by the Board.

Finally, it is well known that candidates failing to pass a satisfactory examination at one time, had the privilege of re-applying for an examination and going before the Board *ad libitum*. For example, if one hundred candidates were present at the first session, and twenty passed the Board, the eighty who failed could go home, study hard, and present themselves for examination at the next meeting. If eighty per cent. failed a second time, they could resume their studies and try it again. As the war lasted over four years, all the unsuccessful candidates of the first, second, and third years had ample time to qualify themselves for passing the Board, and may have done so eventually. Dr. H. was not ignorant of this fact, for on page 257 of this Journal he confesses that "many of those who were not successful with the first and second, applied to subsequent Boards." Had he forgotten this confession when he asserted that more than 4,680 graduates of regular medical colleges must have been examined? If he had not forgotten it, the assertion evinces a facility for disregarding facts that is not easily acquired.

From the foregoing exposition, it will be seen that the State contained within her limits enough graduates of regular medical schools to verify my estimate. Less than one thousand men would have sufficed to make it *possible* for eighty per cent. to have been rejected at each meeting of the Board.

Permit me, in conclusion, to express my regret that Dr. Hamilton did not adopt a more efficient and courteous method of correcting my alleged mistake. If there is an error in my figures, it was not made intentionally; and I shall be happy to find that the proportion rejected is less than my estimate. If, instead of publishing me as guilty of an "official blunder," Dr. H. had sent me an official statement of the exact figures showing me to be in error, I would have made the correction promptly, cheerfully,

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publicly, and officially; and I hold myself ready to do so whenever he, or any competent party, will favor me with such a statement.

My object in referring to the rejected candidates was to show the need of elevating the standard of medical qualification, not to disparage or injure the medical profession, whose honor and best interest it has always been my aim to promote. C. M'DERMONT.

Legal Enactments Relating to Practitioners of Medicine.

The Medical and Surgical Reporter for June 8, 1867, contains a synopsis of a law passed by the General Assembly of Maryland in January, 1867, entitled "An Act for the Protection of the Public against Medical Impostors, and for the Suppression of the Crime of Unlawful Abortion."

So far as this law relates to criminal abortion, I have nothing to say about it at present, but to that part of the Act which undertakes to prescribe means to protect the public against medical impostors, I ask attention for a little space.

The enacting clause is prefaced by a preamble that declares "that many persons are now practicing medicine, surgery, and obstetrics, in the city of Baltimore and other parts of the State, who have received no proper medical education, and who are, in fact, mere impostors," and then follows a section requiring the appointment, by the Governor, of a Board of Examiners in each county, who shall license every practitioner of medicine now in the State, who can prove that he is a graduate of some respectable medical college. These licentiates shall compose "The Medical Faculty of the State of Maryland," who shall hold annual meetings, and provide a permanent Board of Examiners, who shall license all applicants for admission into the Faculty that are found qualified, after a careful examination by the Board into such applicant's knowledge of the institutes of medicine.

The examiners are not to require a declaration of practice from the applicant, for the law has this clause: "Provided, also, that nothing herein contained shall be construed so as to prescribe the mode or manner in which diseases are to be treated. Every physician having proven that he has a proper knowledge of the principles of medicine shall be at liberty to treat diseases according to his individual honest convictions."

The editor of the Reporter, commenting on the law, uses this language;

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"We long ago settled down to the opinion that our profession must be a law to itself, and not seek the interference of State legislation. It will be seen that the sixth section of the above Act" [referring to the proviso just quoted] "legalizes every species of irregular practice, and places such practitioners on the same footing, legally, as the regular practitioners of the State."

Taking the theory of the law, the criticism of the Reporter is correct; but the practical effect of the proviso will, in my judgment, be exactly the opposite.

I take it that no honest man, being master of the science of medicine—"having proven that he has a proper knowledge of the principles of medicine"—can practice any of the irregular systems of medicine so common, in one shape or another, in every community. Therefore, when the examiners find a man in possession of such knowledge of the science of medicine as will justify them in granting him a license to practice, there will be no danger that "his individual honest convictions" will take him out among the herd of charlatans; and if he gets among them in any other way, he will not be entitled to fellowship in "The Medical Faculty of the State of Maryland."

I understand this Maryland law to forbid the practice of medicine in the State, except by the members of its Faculty, and that it attaches penalties to a violation of this provision. Here is where the great defect of the law will be found to exist, and one that will make the whole of it a nullity. It is all right enough to examine by authority, in a proper manner, all persons who seek to become practitioners of medicine, and to license such as are found qualified, banding them together thereby in a sort of legal brotherhood; but neither the people of Maryland, nor those of any other part of the United States, will tolerate any law that curtails their liberty in the selection of a physician. The law may decide who is a good physician, and mark him, by association or otherwise, so that all may know him; but it must not interfere with the right of the citizen to employ a bad doctor if he chooses. The right of the people to decide who shall be their medical adviser must be as free and untrammeled as their right to decide who shall be their religious adviser.

But it does not follow that because the law should not *control* a man in the choice of his doctor, it should do nothing to *aid* him to a sound discretion in making a selection for himself. In the first place, the law should classify all practitioners of medicine, and associate them together according to their kind, with something to designate each class to the public. If by a time-honored custom a degree of *Doctor of Medicine* is conferred by

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colleges which teach the whole range of medicine, on such persons as have satisfactorily gone through the curriculum, no other kind of colleges should be permitted to confer a degree of the same name. Let homœopathic and eclectic medical colleges be established if they will, but require them, in conferring their degree, to make it *Homœopathic*, or *Eclectic*, *Doctor of Medicine*. Much confusion, and some detriment to the public, have grown out of the chartering of irregular schools of medicine by some of the State governments, and allowing them legally to confer the degree of Doctor of Medicine, the same in name and style as that bestowed by colleges that teach scientific medicine.

This should no longer be tolerated, because it is unjust to the people who have no way of separating one class of graduates from another; unjust to scientific physicians who have, by prescription, an exclusive right to the degree; and unjust to the irregular schools, who claim that their irregularity consists in being better than the regular, and of course their superior qualifications should have a suitable designation.

In the second place, the law should command every practitioner of medicine to enroll his name annually with the authorities in the proper county, stating at the same time what method he practices, *i. e.* whether medicine proper, homœopathic medicine, eclectic medicine, clairvoyant medicine, or some other irregular medicine.

If a rule requiring every practitioner of medicine to make, annually, a public record of his method of practice, were rigorously enforced for a few years, the people would learn that every man who could not honestly attach M. D. to his name, and be in good standing with his fellows of that class, was not possessed of a thorough medical education, or was not regular in his practice, or was both ignorant and dishonest.

And this is wherein the statutory law can be applied to doctors in a manner to be useful to the public: enumerate and classify them, so that all who choose to inquire may know what each one is, and then let every man be as free as air to choose whom he will for his medical attendant. It does not require a profound student of human nature to see that if the veil of mystery were torn from these charlatans—if their pretentious bubble of much learning were pricked with a legal pin—they would soon come to be estimated at their real value, and their power to do mischief be much curtailed, if not altogether abrogated.

Every practitioner, when he annually enrolls his name, should pay a moderate sum of money to be applied to professional education or improvement, and beyond these measures I do not believe legal enactments can be carried with any hope of being useful to people who employ

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doctors; on the contrary, if the law undertakes to say who shall, and who not, practice, it will be worse than a dead letter upon the statute book, it will be positively mischievous, assisting to enlarge the evil it was intended to suppress, for it will be used by the charlatan, under the cry of persecution, to exalt himself into notice, and amplify his value with the public.

RICHMOND, IND., July 1, 1867. J. F. H.

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*The Quack.**

It was true, as Jock Hall had heard, that Sergeant Mercer was unwell. The events of the few previous weeks, however trivial in the estimation of the great world, had been to him very real and afflicting. The ecclesiastical trials and social annoyances, with the secret worry and anxiety which they had occasioned, began to affect his health. He grew dull in spirits, suffered from a sense of oppression, and was "head-achy," "fushionless," and "dowie." He resolved to be cheerful, and do his work; but he could neither be the one nor do the other. His wife prescribed for him out of her traditional pharmacopœia, but in vain. Then, as a last resort, "keeping a day in bed" was advised, and at once acceded to by him.

It was about this time, at the beginning of his illness, that a person, dressed in rather decayed black clothes, with a yellowish white neckcloth, looking like a deposed clergyman, gently tapped at his door. It was opened by Katie. The stranger raised his broad-brimmed hat, and saluted her with a low, respectful bow. He entered with head uncovered, muttering many apologies with many smiles. His complexion was dark; his black hair was smoothly combed back from his receding forehead, and again drawn forward in the form of a curl under each large ear, thus directing attention to his prominent nostrils and lips; while his black eyes were bent down, as if contemplating his shining teeth. His figure was obese; and his age was between forty and fifty. This distinguished-looking visitor introduced himself as Dr. Mair, and inquired in the kindest, softest, and most confidential manner as to the health of "the worthy Sergeant," as he condescendingly called him. Katie was puzzled, yet pleased, with the appearance of the unknown doctor, who explained that he was a stranger—his residence being ordinarily in London, except when traveling on professional business, as on the present occasion. He said that he had devoted all his time and talents to the study of the complaint under which the Sergeant, judging from what he had heard, was evidently laboring; and that he esteemed it to be the highest honor—a gift from heaven, indeed—to be able to remedy it. His father, he said, had been

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*We copy from a recent number of GOOD WORDS, an excellent foreign monthly, edited by Rev. Dr. Norman McLeod, of Glasgow, this admirable sketch of a type of one of the many varieties of the genus quack: it occurs in a story written by the editor, the hero of it being a "Sergeant Mercer," whose illness gives occasion for the introduction of "Dr. Mair."

If all the members of the clerical profession were as orthodox in Medicine, as is their eminent and gifted Scotch brother, there would be fewer certificates to the efficacy of quack medicines, and fewer quacks strutting their brief hour in the sunshine of saintly favor.

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a great medical man in the West Indies, and had consecrated his life to the cure of disease, having made a wonderful collection of medicines from old Negroes, who had a great knowledge of herbs. These secrets of Nature he had entrusted to him, and to him alone, on the express condition that he would minster them in love only. He therefore made no charge, except for the medicine itself—a mere trifle to cover the expense of getting it from the West Indies. Might he have the privilege of seeing the Sergeant? One great blessing of his medicines was, that if they did no good—which rarely happened—they did no harm. But all depended—he added, looking up to heaven—on *His* blessing.

Katie was much impressed by this self-sacrificing philanthropist, and expressed a cordial wish that he should see the Sergeant. Adam, after some conversation with his wife, thought it best, for peace sake, to permit the entrance of the doctor. After he had made some unctuous demonstrations and given assurances of his skill, the Sergeant asked him: "Hoo do I ken ye're speakin' the truth, and no cheatin' me?"

"You have my word of honor, Sergeant!" replied Dr. Mair, "and you don't think I would lie to you? Look at me! I cannot have any possible motive for making you unwell. Horrible thought! I hope I feel my sense of responsibility too much for that!" Whereupon he took out of a black bag many phials and boxes of pills, arranging them on a small table at the window, and proceeding to describe their wonderful qualities in inflated English, which he wished to be considered the language of a scholarly gentleman, interlarding his speech with Latin terms—of his own invention of course—to give it a learned coloring.

"This box," he said, "acts on the spirits. It is the *spiritum cheerabilum.* It cures depression; it removes all nervous, agitating feelings—what we call *depressiones;* it soothes the anxious mind, because acting on the vital nerves—going to the root of the sensations through the gastric juice, heart and liver, along the spinal cord. A few doses of this would put you on your legs, Sergeant! I never once knew it fail if persevered in for a few weeks, with faith—with faith!" he added, with a benignant smile; "for faith, I am solemnly persuaded, can even now remove mountains!"

"Doctor, or whatever ye are," said the Sergeant, in an impatient tone of voice, "I want nane o' yer pills or drugs; I hae a guid doctor of my ain."

"Ha!" said Dr. Mair, "a regular practitioner, I presume? Yes, I understand. Hem! College bred, and all that."

"Just so," said the Sergeant. "Eddicated, as it were, to command the regiment; and no an ignoramus wha only *says* he can do't."

"But can you believe his word?" blandly asked Dr. Mair.

"As muckle as yours," replied the Sergeant; "mair especial' as guid and learned men agree wi' him, but no wi' you."

"How do *you* know they are good and learned?" asked Dr. Mair, smiling.

"Hoo do I ken *ye're* good and learned, and no leein'? Their word is surely as guid as yours," said Adam.

"But God might surely reveal to me the truth," replied Mair, "rather than to ten thousand so-called learned men. Babes and sucklings, you

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know, may receive what is concealed from the great and self-confident."

"My word! ye're neither a babe nor a sucklin', doctor, as ye ca' yersel'; and, depen' on't, neither am I!" said the Sergeant. "Onyhoo, I think it's mair likely the Almighty wad reveal himsel' to a' the sensible and guid doctors rather than to you alane, forbye a' yer niggers!"

"But I have testimonials of my cures!" continued Dr. Mair.

"Wha kens aboot yer testimonials?" exclaimed Adam. "Could naebody get testimonials but you? And hae ye testimonials frae them ye kill't? I'se warrant no! I tell ye again I dinna believe *ye* could fin' oot what a' the clever men in the world couldna."

"But it's possible?" asked Dr. Mair with a smile.

"Possible!" said the Sergeant, "but it's ten thoosand times mair possible that ye're cheatin' yoursel' or cheatin' me. Sae ye may gang."

"But I charge nothing for my attendance, my dear sir, only for the medicine."

"Just so," replied the Sergeant, "sae mony shillings for what maybe didna cost ye a bawbee—pills o' aitmeal or peasebrose. I'm an auld sodger, and canna be made a fule o' that way!"

"I do not depend on my pills so much as on my prayers for the cure of disease," said the quack, solemnly. "Oh, Sergeant, have you no faith in prayer?"

"I houp I hae," replied the Sergeant; "but I hae no faith in *you*—nane whatsomever!—so guid day wi' ye!"

Dr. Mair packed up his quack medicines in silence, which was meant to be impressive. He sighed as if in sorrow for human ignorance and unbelief; but seeing no favorable effect produced on the Sergeant, he said, "Your blood be on your own unbelieving head! I am free of it."

"Amen!" said the Sergeant; "and gang about yer business to auld wives and idewits, that deserve to dee if they trust the like o' you."

And so the great Dr. Mair departed in wrath—real or pretended—to pursue his calling as a leech, verily sucking the blood of the credulous, of whom there are not a few, among rich and poor, who, loving quackery, are quacked.

"*Creating a Horselaugh.*"

Under the above head, the London Lancet, of June 15, copies from *Punch*, the following in relation to the winnings of the celebrated racehorse Hermit. "Mr. Chaplin ain't agoin to dewote twelve thousand pound of 'Ermits' winnin's to restorin' Lincoln Cathedral," said a stableboy to a groom. "If he bestowed it anywhere, in course what he won by a 'oss he'd give to a 'ospital."

Short-sightedness in German University Students.

Dr. Cohn furnishes an account of the examination which he made of the condition of eyesight in 387 of the 964 matriculants of the Breslau University. Of the 387, 126 were found to have normal vision, and 230, (or two-thirds,) were short-sighted, the remaining 31 having some other anomaly of vision.—*Med. Times and Gazette* from *Deutsche Klinik.*

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Registry Law in Ohio.

We are glad to be able to state that the General Assembly of Ohio passed a law, at its last session, providing for the registration of births and deaths, to take effect from the 1st of July, 1867.

We copy so much of the law as affects our readers, and we trust there may be a general compliance with so necessary and useful an Act without enforcing its penalties.

"SEC. 2. It shall be the duty of physicians and professional midwives to keep a registry of the several births in which they have assisted professionally, which shall contain, as near as the same can be ascertained, the time of such birth, sex and color of the child, the names and residence of the parents; and physicians who have attended persons in their last illness" * * * "shall keep a register of name, age, and residence of such deceased persons at the time of their deaths. It shall be the duty of physicians and professional midwives to report fully the births registered by them, as required by this Act, to the judge of the probate court of the county every three months, viz: on or before the second Monday of the months of January, April, July, and October of each year;" * * * "and physicians" * * * "shall likewise report fully the deaths registered by them, as required by this Act, to the judge of the probate court of the county every three months, as above designated.

SEC. 4. Every person who shall neglect or refuse to comply with, or violate, the provisions of this Act, shall forfeit and pay for each offense the sum of ten dollars" * * * "one-half the penalty to be paid over to the school fund, and one-half to the party making complaint thereof."

Illusions of the Senses.

A lady became a patient of Sir James Simpson some months after losing her father, who was strongly attached to her as his only daughter, she being also devotedly attached to him. She was weak and nervous, and fancied that some of her illusions were connected with the approach of insanity. She was taught, however, to test them, and felt much relief in discovering that they were illusions. The particular and most striking one, which so well illustrates the present views, I shall relate in the words of Sir James Simpson himself:

"After residing at the Granton Hotel for some two or three weeks, and some months after her father's death, she fell into a desponding state

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for which it was found impossible to do much, or indeed anything, medically. On calling early one forenoon, she said to me in an excited tone, 'Doctor, you must allow me to prescribe for myself to-day.' I answered, 'Most certainty.' 'Then,' continued she, 'you must show me a dead body.' I remarked that I could not possibly do that without having her husband's consent. On consulting with him, he thought that, if possible, her wishes should be gratified, as she had for a week or two been most unhappy.

"My patient, her husband and myself forthwith drove up to the university, when I explained to Professor Goodsir the strange and unique medical prescription which my patient had ordered for herself. A body recently dead, had by accident been brought into the anatomical rooms that morning. Professor Goodsir himself led us to the room in which the corpse was lying. My patient, who had never seen a dead body before, walked forward to it, and with both her hands grasped one of the dead man's arms, and held it for a considerable time.

"She refused at the time to give either her husband or myself any reason for her proceedings. Some short time afterwards, she explained it to me, thus: After coming to Granton Hotel, it happened, night after night, that soon after retiring to bed, and while still awake, her bedroom door seemed to open, and then there entered a spectral procession of bearers carrying the dead body of her father. After marching round the room they always laid her father's corpse beside her in bed; and she had argued herself into the belief that if she once felt the real dead coldness of a real dead body, she would know the difference between it and that which she was well aware was merely a spectral one, and thus be able to dispel the terrible illusion.

"The prescription being one of her own devising, naturally, in such a constitution, had the effect expected from it in her own mind, and the nightly visits at once ceased."

Abernethy on Fracture of the Neck of the Femur.

"I remember when I was attending the lectures of Mr. Abernethy, the controversy regarding the union or non-union of fracture of the neck of the thigh-bone was at its height, and as I had already listened to the excellent lectures of Sir Astley Cooper, I was not ignorant of his views and arguments regarding this sad injury. Johnny Abernathy, as we used to call him in those days, said: 'No, gentlemen, fractures of the neck of the

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thigh bone never have united yet, and never will until surgeons fix the pelvis as well as the thigh. It is no use putting a splint upon the thigh when the pelvis remains unfixed. Every time the bed-pan is thrust under the bottom of the patient, his pelvis, with the head of the femur closely attached to the socket, is jerked up, and the rest which is essential to the formation of the uniting callus is prevented.' "—*From Mr. Solly's Lectures on Fracture of the Neck of the Thigh-bone—Lancet June* 29.

An Original Prescription.—Below we give an exact copy of a prescription taken from the books of an apothecary in a city not over a hundred miles from Cincinnati. It is the production of one of that class of traveling doctors, who go from place to place, advertising to furnish to the suffering people better medical advice and treatment than their resident medical men can furnish!

formel for asmey

1 oz lobelea
2 Bukey
1½ Honey
½ Laudlum

Dost 1 tea spoonful 3 times pr Day before Eating
shake well

Circular from the Committee on Medical Literature.

CINCINNATI, June 5, 1867.

The undersigned were appointed at the last Annual Meeting of the American Medical Association, held in Cincinnati, a Committee on Medical Literature for the coming year. The duties of this Committee are defined in the following regulations of the Association.

"The Committee on Medical Literature shall prepare an Annual Report on the general character of the periodical publications of the United States in reference to the more important articles therein presented to the profession, on Original Medical Publications, on Medical Compilations and Compends by American writers, on Medical Reprints of Foreign Medical Works; and on all such measures as may be deemed advisable for encouraging a national literature of our own."

Being desirous of making as full a report as possible, the Committee desire that you shall forward to the chairman a copy of all Medical Books, Pamphlets, Essays, Monographs, Periodicals, Reports, Lectures, Proceedings of Societies, etc., that may be issued by you as early as convenient after publication, that they may be brought to the notice of the profession.

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These favors will be advantageous to publishers, and will facilitate the objects had in view by the appointment of the committee, and greatly oblige, Yours, respectfully,

GEO. MENDENHALL, *Chairman.*
R R. M'ILVAIN,
GEO. C. BLACKMAN,
E. WILLIAMS,
P. S. CONNOR.

We clip the following from a London paper of the present month, and publish it as an illustration of the high civilization of the age in which we live!

A CHILD'S CAUL FOR SALE; price £3 10s.; can be had immemediately. Address A. Z., Post Office, Finchley-common, N.

PROCEEDINGS OF MEDICAL SOCIETIES.

The Indiana State Medical Society.

This Society held its seventeenth annual meeting at Indianapolis, on the 21st and 22d of May. There were about one hundred and fifty physicians in attendance, thirty-three of whom were delegates from seventeen county societies.

A very lively interest was manifested in the scientific and professional subjects brought before the Society. The discussion on Cholagogues was renewed, and a paper on the Bile read by James F. Hibberd, M. D., of Richmond; the Annual Address by the President, Vierling Kersey, M. D., of Richmond, elicited a spirited discussion on the subject of establishing a Medical Journal in Indiana. T. Parvin, M. D. of Indianapolis, urged the claims of a Medical Journal, and announced the possible removal, should sufficient patronage be secured, during the present month, of the Cincinnati Journal of Medicine, to Indianapolis, and requested every physician in the State to promptly and liberally sustain the enterprise by subscriptions. J. R. Weist, M. D., of Richmond, read a paper on the Statistics of Foreign Bodies in the Air Passages; George Sutton, M. D., of Aurora, read a Report on Cholera; W. S. Haymond, M. D., of Monticello, read a paper on Female Doctors; John Moffett, M. D., of Rushville, read a paper on Cerebro-spinal Meningitis; and R. E. Haughton, M. D., of Richmond, presented a paper on Tracheotomy in Cynanche Trachealis and Diphtheria.

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The above papers, with the minutes and discussions condensed from the stenographic report, will make a pamphlet of nearly 150 pages, and will be ready for distribution by the 1st of August.

J. S. Bobbs, M. D., of Indianapolis, was elected President for the ensuing year; R. B. Jessup, M. D., of Vincennes, Vice President; the former Secretary and Treasurer were re-elected; G. V. Woolen, M. D., of Indianapolis, Assistant Secretary, and Wm. Wands, M. D., of Indianapolis, Librarian.

A Prize of one hundred dollars was offered for the best, and an acceptable Essay, by a physician resident in the State, on the Causes, Nature and Treatment of Cerebro-Spinal Meningitis; the Essays to be sent before April 1, 1868, to J. S. Bobbs, M. D., Indianapolis, Ind.

The Prize Committee for the past year reported that they had no Essay offered, of sufficient merit to deserve the prize.

A by-law was passed directing the Secretary to strike from the list of members, any physician who may be expelled from any local Medical Society, but giving the members so expelled the right of appeal to the State Society.

An amendment to the Constitution, making delegates permanent members after the expiration of the year for which they serve as representatives, and a resolution recommending the opening of Medical Colleges to, and the recognition by the Society of, women on the same conditions that are now required of men, were presented, and will be acted upon at the next annual meeting.

The Medical Societies of fifteen counties have reported the names and post office addresses of their officers and members to the Secretary, embracing about three hundred physicians: delegates, permanent members, and members of County Societies, who pay their annual assessment of two dollars, will receive a copy of the Transactions, in August.

The Society adjourned to meet at Indianapolis, on the third Tuesday of May, 1868. L. D. W.

Ohio State Medical Society.

This body held its twenty-second annual meeting, at Yellow Springs, on the 11th and 12th of last month. The attendance was much smaller than usual, owing, probably, to the meeting of the American Medical Association, at Cincinnati, a short time previously.

Excellent accommodations and entertainment were furnished the mem-

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bers by the proprietors of the Yellow Springs Hotel, and Neff House. A number of the delegates were accompanied by their wives, and all seemed to enjoy the magnificent scenery and healthful mineral waters for which the place is justly celebrated.

The Society met in the Presbyterian Church, and was called to order by the President, Dr. Hamilton, of Columbus.

The call for reports revealed a woeful dereliction of duty on the part of those gentlemen whose names had been paraded at the head of the most important committees. Instead of reports, most of them made excuses, and modestly begged to be continued another year.

Dr. Brown, of Bellefontaine, made a supplementary report on the Condition of the Incurably Insane in sixty-nine counties of Ohio. It is gratifying to know that the investigations of this committee have awakened public interest in these unfortunate creatures, and that measures are being adopted throughout the State to ameliorate their condition. Dr. Maris read a voluntary essay on Professional Morals, and closed with a recommendation that the Code of Ethics be published along with the proceedings, for the benefit of certain benighted members, who come short in duty towards their professional brethren.

Dr. Firestone read an able paper on Rheumatism. He dwelt chiefly on the changing character of the *materies morbi* in the different stages of the disease, and the need of a corresponding change in the treatment.

In the early stages when the urine gives an acid reaction, the alkaline treatment is appropriate, but when the urine becomes alkaline, acids must be resorted to. A few days use of the acetate or nitrate of potash, suffices to change the acid character of the urine and of the materies morbi in the blood, after which nitro-muriatic and other acids, are necessary to effect a cure. He said the disease was often perpetuated and aggravated by the persistent use of potash and other alkaline agents. Dr. Firestone's paper had been previously read in his County Medical Society. Two papers which had been read before the Butler County Medical Society, were forwarded by that body to the State Society, and a motion was made to read them. This gave rise to an animated discussion on the practice of admitting second hand papers, and publishing them as part of the proceedings of the State Society, and a resolution was passed prohibiting such papers from appearing in the Transactions. The address of the retiring President, Dr. Hamilton, was delivered on the last afternoon of the session. It was peculiarly adapted to the occasion, and abounded in valuable suggestions for the advancement of medical science.

Dr. E. B. Stevens, of Miami Medical College, was chosen President

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of the Society for the ensuing year, and Drs. W. C. Hall and J. M. Weaver, Secretaries.

Before the adjournment Dr. Hamilton offered a resolution condemning the late Annual Report of the Surgeon General of Ohio, and, impliedly censuring that officer for having brought reproach upon the medical profession, by publishing that eighty per cent. of the candidates for medical positions in the volunteer service, were rejected by the Army Examining Board for incompetency. This report Dr. H. pronounced a gross exaggeration. The resolution was passed unanimously. The Society adjourned to meet at the same place on the second Tuesday of June, 1868.

On the evening of adjournment the ladies of the village gave the members a banquet at the Yellow Springs Hotel, which was the crowning event of the session.

Proceedings of the Allen County Medical Society; First Annual Session. Reported by J. S. GREGG, M. D., of Fort Wayne, Ind.

Pursuant to previous arrangement, the Society, together with a goodly number of invited members of the profession from neighboring counties, convened for its first annual session, at the rooms of the Young Men's Christian Asociation, in Fort Wayne, at two o'clock, P. M. on the 6th of June.

The President, Dr. T. C. Eakin, of Monroeville, elected at the last meeting for the ensuing year, was installed into office, which he accepted in a few appropriate remarks.

The President appointed as the Committee of Censors for the year Drs. B. S. Woodworth, A. J. Erwin and H. P. Ayres.

Dr. Erwin, the retiring Secretary, read his report for the past year, of which the following is a synopsis:

Number of members at the close of the year - - -	31
Number of meetings during the year - - - - - -	9
Number of delegates sent to the meeting of the American Medical Association - - - - - - - - - - -	4
Number of delegates appointed to attend the State Medical Society	4

The following visiting members of the profession were then admitted as regular members of this Society:

Dr. John M. Jossie, Fort Wayne, Indiana.

Dr. Carl Meyer, Fort Wayne, Indiana.

Dr. A. Engle, Massillon, Indiana.

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Dr. T. Davenport, Warsaw, Indiana.
Dr. D. G. Linville, Columbia City, Indiana.
Dr. F. McCoy, Columbia City, Indiana.
Dr. W. T. Furguson, Columbia City, Indiana.
Dr. William Dougall, New Haven, Indiana.
Dr. James R. McCleery, Bluffton, Indiana.
Dr. C. S. Melsheimer, Bluffton, Indiana.
Dr. Jonas Emanuel, Spencerville, Indiana.
Dr. A. D. Emanuel, Antwerp, Ohio.
Dr. A. McDannel, Antwerp, Ohio.
Dr. L. G. Thacker, Defiance, Ohio.
Dr. B. F. Cessna, Van Wert, Ohio.
Dr. William N. Longsworth, Van Wert, Ohio.
Dr. Jacob W. Abel, Leslie, Ohio.
Dr. William R. Winton, Wabash, Indiana.
Dr. J. B. Casebeer, Auburn, Indiana.

A resolution was then adopted making all other invited members of the profession present, honorary members of this Society.

Prof. J. Adams Allen, of the Rush Medical College, Chicago, was one of those who subscribed to the Constitution as such.

Dr. H. P. Ayres introduced the following resolution:

Resolved, That the principles which govern us in the treatment of diseases generally, are the fundamental principles of correct medication in Asiatic Cholera.

Prof. Allen, of Chicago, who had been invited by the Society to deliver a public lecture this evening, being present at this session, came forward, by request, and addressed the Society, at some length, on the subject of the resolution, indorsing the principle expressed therein. He gave an interesting account of the prevalence of cholera in Chicago last year. He briefly alluded to the local causes which tended to increase the malignance of the disease in that city, amongst which were the filthy alleys, streets with rotten wood pavements, bad condition of sewers and other drains, decaying organic matters in cellars, and the escape of the gasses therefrom up into all the rooms above, bad ventilation of dwellings from cellar to attic, even amongst the wealthy, etc.

He urged the necessity of the proper application of the principle that "an ounce of prevention is worth a pound of cure," and he thought more could be accomplished by proper attention to sanitary regulations to prevent or mitigate this as well as other malignant epidemics, than could be

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done by any modes of treatment yet adopted for its cure, after the disease has become malignant.

He stated that notwithstanding the rapid progress of medical science in its various departments, the success that has been achieved in the treatment of cholera is still very unsatisfactory. In Chicago but about forty-two per cent. of the cases recovered.

In its treatment he believed that we have no specifics, but that it should be treated upon general principles, as recommended in the resolution under discussion. But this important principle must be borne in mind, viz.: that the cholerâic poison, whatever that may be, must be carried out of the system. If you check the discharges, he said, both upward and downward, your patient will probably die of colliquative sweating. Or, if you stop all the discharges, and do not restore the action of the kidneys, which is always suspended in these cases, the patient will probably die from a *uræmic* condition.

The Professor believed that *any* treatment was better than *no* treatment at all, especially if the restoration of the action of the kidneys be not neglected. This he considers an indication of the greatest importance.

After the remarks of Prof. Allen, the discussion of the question was continued for some time, by Drs. Woodworth, Winton, Melsheimer, Rosenthall, and others. Dr. Woodworth remarked that the members of the Society would find an exhaustive *resume* on the subject of disinfectants, in a report made to the American Medical Association, in 1866, by the committee on that subject, Dr. Hunt, Chairman.

A motion was unanimously adopted, expressing the regrets of the members on account of the inability of Prof. G. C. Blackman, of Cincinnati, who was invited, to be present at this meeting, and the Secretary instructed to transmit an expression of the same to him.

The Society then adjourned, to meet at eight o'clock, in Hamilton's Hall, where Prof. Allen addressed the Society, and a respectable audience of citizens, on "The True Basis of Medical Science."

The discourse was a highly philosophical one, well calculated to show the fallacious reasonings of many half learned doctors, as well as charlatans in other professions, especially the very common false mode of reasoning called the *post hoc ergo propter hoc* method.

After the lecture, the members of the Society and invited guests repaired to the spacious dining hall of the Aveline House, where a sumptuous feast, with toasts and speeches, occupied an hour or two most pleasantly.

The Society adjourned till the next regular meeting in July.

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Proceedings of the Allen County Medical Society. Reported by J. S. GREGG, M. D.

FORT WAYNE, IND, JULY 6TH, 1867.

The Society met in the rooms of the Young Men's Christian Association, at two o'clock, P. M., on the 2nd instant, Dr. T. C. Eakin, of Monroeville, President, in the chair.

The following members were present:

Drs. T. C. Eakin, B. S. Woodworth, H. P. Ayres, S. C. Ayres, T. P. McCullough, A. J. Erwin, W. H. Thacker, P. G. Kelsey, W. P. Whery, I. N. Rosenthall, M. F. Williamson, J. F. Fitzsimmons, and J. S. Gregg.

The minutes of the last annual meeting were read and adopted.

A committee was appointed, composed of Drs. Woodworth, Ayres and Erwin, to report an order of business, at the next meeting, for the society.

Dr. Thacker, chairman of the Committee of Arrangements for the recent annual meeting of the Society, presented his report, which was approved.

Dr. Woodworth offered the following preamble and resolutions:

WHEREAS, The practice (contrary to the Code of Ethics of the American Medical Association, by which we profess to be guided, and a practice condemned by *respectable* physicians everywhere), of advertising surgical operations and other medical cases, in the secular newspapers, has been indulged in to a considerable extent by physicians of this city, therefore,

Resolved, That it is the sense of this society that the said practice of advertising and puffing, in secular papers, is *disgraceful*, and a practice derogatory to the character of the Medical Profession, and ought to be frowned down by every physician.

Resolved, That any member of this society continuing, or in any way encouraging, this practice shall be deemed guilty of at least a gross impropriety, inasmuch as it is the duty of each of us to conform to the Code of the American Medical Association, and to do what he can to elevate the standard of the Medical Profession.

Dr. Williamson moved, and Dr. McCullough seconded, the adoption of the resolutions, and quite an animated discussion followed in which most of the members present participated—all, with but a single exception, favoring their adoption.

Dr. Woodworth said he did not offer them with the design of being personally applicable to any member of the Society, but as several had,

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within the last few years, been guilty of publishing, or encouraging the publication of surgical cases in connection with their names, in our city papers, and as such practice was in gross violation of our Code of Ethics, he was in favor of the movement. He desired the elevation of the standard of the Profession in our own community.

Dr. Rosenthall said he had spoken, heretofore, in very decided terms against this practice, both in and out of the meetings of the society, and was now in favor of some decided action against it. He read a paper, in one of the meetings of the Society, during the past year, condemning this with other violations of the Code of Ethics. He now opposed this species of quackery, and the following were some of his reasons: 1st. Cases have been reported as operated upon which never existed. 2d. Amputations have been reported, and the patient doing well, while before the ink was dry the patient was dead. 3d. Trifling cases have been magnified into important ones in these reports. 4th. In Europe no physician can legally practice medicine without a thorough medical education, with satisfactory proofs of his attainments, (as it should be in this country,) and there, where they have no written Code of Ethics, any physician would consider it an indignity to have his name published in connection with any medical case or surgical operation. But in this country we have no laws to prevent quacks and impostors from practicing upon the health, lives and pockets of the credulous;—so much the more is it the duty of regular physicians to draw a line of demarkation between charlatans and honorable practitioners. One of the means for enlightening the people on this subject is by adhering strictly to that part of our Code of Ethics which emphatically disapproves of this practice.

Dr. Thacker remarked that in those local notices of operations in our city dailies, the operators very often received the most credit for knowledge and skill in the performance of the most trifling operations. He also said that editors were usually induced to give "puffs" by being presented a fee; that editors had told him that doctors paid for such notices; and that he *knew* money had been paid them for such purposes.

Dr. H. P. Ayres had long opposed this species of advertising, as he does at the present time, believing it to be derogatory to the character of any regular physician. The practice had been carried *ad nauseam* in the last few years; that our papers teem with *reputed* editorial notices. Yet when there are two or more papers in town there are two or more, *verbatim* notices of the same operation. There may be striking coincidences in the writings of great men, bnt when two or three editors have *verbatim* notices, the coincidence is *very* striking. I hope the time will soon come

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when a higher standard of medical worth will prevail than common newspaper squibs.

Dr. Erwin said that there was a very nice point to decide in the discussion of this question, as to how far medical men were responsible for such notices. They were generally given without the knowledge of the physician. His name had often appeared in connection with such cases—perhaps more frequently than that of any other physician in the city—but he never knew of it until after the publication. We were not responsible for notices given by reporters. He did not think the practice was condemned by the American Medical Association, and referred as proof to some discussion of the question in the Medical and Surgical Reporter of Philadelphia.

Dr. Kelsey did not believe there was any necessity, in any case, for reporters to give the names of physicians, and generally would not do so without an understanding with the parties. He believed that the extent to which this kind of advertising has been practiced during the last year or two, would not have been done had not physicians encouraged or, at least, given their assent to it.

He alluded to one case which was reported, in one of the city dailies, last summer, as having had an amputation performed by one of our city surgeons, and the patient reported as *doing well*, while the *fact* was, the patient was *dead* at the time of the publication of the notice. This may be considered as *doing well.*

Dr. Rosenthall offered the following resolution as an amendment to the above series:

Resolved, That the editors of the Fort Wayne newspapers be requested, hereafter, not to mention the names of physicians, in connection with surgical operations or cases of disease, and that they be requested to publish these resolutions.

Dr. Woodworth accepted the amendment.

Dr. Whery supported the resolutions—especially as amended—being desirous that the whole public might be made aware that the Society, on principle condemns the practice of direct or oblique advertising. Iu Europe the profession has the power to punish any medical man who is guilty of advertising—this practice being regarded there, and all over the world, as the distinctive mark of an irregular practitioner. The profession of medicine is not a trade, and we should be very careful not to adopt the customs of tradesmen, if we, as scientific men, wish to avoid being placed, in the estimation of the public, on the same level with those who rely on the arts of puffing for business.

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The preamble and resolutions, as amended, were then unanimously adopted.

Dr. Erwin then read a paper on the question, "What can be done to improve the sanitary condition of Fort Wayne?"

In the discussion of the subject he confined his remarks, principally, to the consideration of the mode of construction of several sewers of the city, which he considered nuisances because of the generation in them and return of noxious gasses to the surface, cellar and privy drains, and the return of gasses through them into dwellings, through inside cellar doors, to prevent which he recommended valvular arrangements at the upper ends of the sewers and other drains. He also condemned the construction of urinals and privies within the walls of dwellings.

After the reading the discussion was continued for some time by several of the members, some of whom differed with Dr. Erwin, especially in considering our system of sewerage a nuisance.

Dr. Rosenthall gave a synopsis of the reports of the Board of Health to the Common Council, for the last two years.

On motion of Dr. Woodworth, of the Board of Health, Dr. Erwin was requested to furnish a copy of his paper to the Board of Health, that they might call the attention of the Common Council to the suggestions of improvements contained therein.

Dr. Rosenthall moved that a committee be appointed to confer with the Board of Health in reference to the passage of such ordinances, by the Common Council, as may be best calculated to improve the sanitary condition of the city.

Adopted, and the committee was composed of Drs. H. P. Ayres, Erwin and Thacker.

The subject selected for discussion at our next meeting is *Necrosis*, and Drs. Rosenthall and W. H. Thacker appointed as essayists.

Dr. J. S. Knode, of New Haven, was recommended by the Censors, and duly elected for membership.

On motion, it was agreed that hereafter essayists should be appointed regularly, from an alphabetical list of the members.

On motion of Dr. Woodworth, it was ordered that the secretary furnish a copy of these proceedings to the editor of the "Western Journal of Medicine," at Indianapolis, for publication.

The Society adjourned until the next regular meeting, on the first Tuesday in August, next.

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Montgomery County (O.) Medical Society.

At a recent meeting of this Society, the subjoined resolutions were adopted. It will be observed that they express no opinion upon the merits of the controversy between Drs. McDermont and Hamilton, but a very decided opinion upon the demerits of condemning a man unheard.—T. P.

Resolved, That the action of the State medical Society, at its late meeting, in condemning the report of the Surgeon General, and censuring him, without giving that gentleman an opportunity of being heard in defence of the charges brought against him, is a violation of all the usual mode of proceeding on the part of deliberative bodies towards members believed to be deserving of discipline, and a dangerous precedent of injustice, against which this Society protests.

Resolved, That this resolution be published in the medical journals of the State.

OBITUARY.

Dr. John T. Floyd.

Died in Noblesville, Ind., July 2d, 1867, John T. Floyd, M. D. of apoplexy, aged 30 years.

A meeting of the regular physicians of Noblesville being called, the following preamble and resolutions were reported.

In the death of Dr. Floyd the medical profession has lost a skillful and successful member, and the community in which he lived, a highly respected and worthy citizen. A hard student, he was well versed in his profession, and in every respect an accomplished gentleman. He graduated at the Ohio Medical College, in the spring of 1866, since which time he has been engaged in the practice of his profession in Noblesville. The friend of the poor as well as the rich, all alike mourn his death. Therefore be it

Resolved, That in the death of Dr. J. T. Floyd, the medical profession has lost a distinguished member, and his town and vicinity a useful and worthy citizen.

Resolved, That a copy of the preamble and resolutions be forwarded to the family of the deceased in token of the sympathy of this meeting. Also that a copy be furnished the Clipper, of Noblesville, State Journal, of Indiana, and Western Journal of Medicine.

H. W. CLARK, *Chairman.*

E. M. MORRISON, *Secretary.*

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SPECIAL DEPARTMENT.

Communication from Dr. Seely.

[The subjoined is from W. W. Seely, M. D., Professor of Diseases of the Eye and of the Ear in the Medical College of Ohio, who has been in Europe for several months, and is still there, engaged in the study of his *specialty.*]

It is quite one thing to find each day in a clinic, something of interest to yourself; quite another to cull from what you have received, things that will carry to the general reader something besides mere curiosity.

When I reflect that what I have to say must go strictly into the "special department," I feel that I must trust for a general perusal, to that interest which universally attaches itself to everything foreign. It would not, to say the least, be very grateful to pass that land by in silence, which brings such a sigh of relief into the heart of every one as he steps from his room of torture, on its kindly shore. It would be almost like neglecting home, for I know every one is surprised to experience such home-like feelings in England; and to a Bostonian, accustomed to so many similar surroundings, I doubt if there would be a realizing sense that three thousand miles of water lay between him and his home. Now, too, since peace once again reigns in our country, and there is "no North, nor no South," one is treated with nothing but the highest respect. On the question of willingly or forcedly, the pleasant recollections of my delightfully spent four weeks, won't allow any discussion.

For one who comes with some knowledge of ocular troubles, I don't think there will be found a greater field for investigation than in the "Royal London Ophthalmic Hospital," and to bring credence I'll quote a few statistics as to number of patients, etc.

The "Report for '66" says, "the number of in-patients requiring operation, 749; not, 102—total, 851. Number of out-patients, 15,953; total attendance of out-patients, 95,765." This is the material, and when we mention Bowman, Critchett, Streatfield, Dixon, Hulke, as some of the gentlemen you meet here, and that there is the greatest amount of courtesy extended, so each case can be examined ophthalmoscopically and otherwise, we have said quite enough to show that he who passes this institution by, must certainly do so from ignorance of its advantages or an unwise

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eagerness to get under the shadow of some name which may eclipse in renown any single one of those I have mentioned. Through the extreme courtesy accorded me by its surgeons, and the number of interesting cases examined, my stay was most pleasant and instructive.

From the number of strabismus patients brought on the table every day, one might almost imagine that the whole of Her Majesty's subjects were squinters—and I see from the Report that 247 were operated on in '66. There is nothing special to be said of the operation, as it is made in the old way. Do not, however, mistake "old" for *ancient*, when the poor squinter who had screwed his courage up to the sticking point for an operation, on account of an unpleasant cast of the eye, left the surgeon with a frightful stare. Of course, with the present method, governed by a better anatomical knowledge of the orbital soft parts, the difficulty is not, as a rule, to avoid doing too much, but too little; and this seems to be unavoidable in high degrees of squint where only one eye is operated on. Hence one of the reasons for a double operation, *i. e.* division of the internal rectus of each eye. Even this double operation, in some cases, must be repeated once or twice before the deviation is corrected. Dr. Liebreich, of Paris, has recently published a description of an operation as devised and practiced by himself, which he thinks obviates some, if not all the troubles of the old method. He bases his operation on his own anatomical investigations of the relations which exist between the ocular muscles, the capsule of Tenon, the sclerotic, the conjunctiva, the caruncle, etc., as well as on an investigation of the mechanical effect of strabotomy. As his anatomy differs somewhat from that given generally, (Guerin, I think,) I will give, as nearly as possible, his own description, as far as it is of particular interest, without, however, pretending to a literal translation. The capsule of Tenon, which envelopes the whole globe of the eye, except the cornea, is composed of two portions, differing essentially from each other. The posterior, the more solid portion, forms a smooth cavity in which the eye turns as the head of a bone in the ball and socket joint. The four straight muscles which perforate this capsule are firmly united with it at the point of perforation, the union being rendered still firmer by vaginal offshoots from the external surface of the capsule towards the orbital cavity, forming sheaths for the muscles.

[Want of space compels us to postpone until our next issue the rest of Dr. Seely's article.—Ed.]

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EDITORIAL AND MEDICAL NEWS.

Thanks! sincere thanks to those Physicians who have exerted themselves so generously and successfully in procuring subscribers for the JOURNAL. Fifty such active and energetic friends as Dr. Wickersham, of Anderson, or Dr. Hibberd, of Richmond, or Dr. Winton, of Wabash, and our periodical would now have as large a circulation as any medical journal published west of the mountains. And we do not believe that this end is of doubtful or remote attainment. Certainly our own best efforts shall be made to accomplish it, and we know that those efforts will be heartily seconded, not only by many a physician in the State, but also by many a one out of it. A little present exertion on the part of each gentleman who receives the WESTERN JOURNAL OF MEDICINE, is all that we ask, and we are confident that the request and the consequent efforts will not be in vain.

Thanks, too, to those friends who have furnished contributions for our pages. Let them not cease from such labors, and let others be incited to imitate their example.

Thanks likewise to those of our exchanges that have spoken favorably of our enterprise. Especially are we grateful for the kind notice given by that veteran journalist, Dr. Isaac Hays, in this month's number of the *Medical News and Library.*

And now—after concluding these expressions of sincere gratitude—we frankly acknowledge that we have more than ever a deep sense of the arduousness and importance of the work which we have assumed. When we reflect upon the former, we wish we could transfer the load to other shoulders; but when we consider the latter, we cheerfully and hopefully accept the situation into which a concurrence of various circumstances has led us. The medical journalist who is faithful to his vocation, ever striving for higher attainments, for larger usefulness, and constantly seeking to promote the best interests of the medical profession—and these interests are the highest earthly interests of humanity—occupies one of the most honorable positions in medicine. We know too much of the history of medical journalism, in this country, to have faith in any pecuniary remuneration: money is neither our object nor our expectation. If financial motives govern a man's action, the Devil will never tempt him to conduct a medical journal, but will teach him the trickeries and treacheries of some lucrative avocation.

We are encouraged in our enterprise by knowing that several medical

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gentlemen of ability, of learning, and of experience, are hearty co-workers. With such help, and with an abiding faith in Medicine as one of the noblest of sciences, a science which shall "grow from more to more," and to this growth every new medical fact recorded, and every confirmation of an established medical principle, is a contribution; with an abiding faith too in Medicine as a "Divine art," exalting and ennobling every one who zealously and unselfishly pursues it, we accept our work hopefully, confident that *failure* shall never be written upon it, but that it shall be crowned with abundant success.

Dr. John T. Floyd, of Noblesville, Ind., died suddenly a few days since. On another page will be found the proceedings of his professional associates in reference to his death. We feel that we ought to add our tribute to his memory. We knew him well, knew him as a student of the Medical College of Ohio during two winters, knew him as a private student for eighteen months, and knew him as an *interne* of St. John's Hospital, when we were one of the visiting physicians. Only the day before his sad and sudden death, we received a letter from him, containing a list of subscribers for the Journal, and expressing the heartiest wishes for its success. Dr. F. was a most worthy young man, well qualified in his profession, and faithful in the discharge of duty; he had already secured quite a good practice in Noblesville, and his loss will be deeply felt by all who knew him.

Dr. Mathew Thompson, of Mount Vernon, Ohio, while returning from the country, Wednesday afternoon, June 19, was thrown from his sulky and killed, and his body dragged about a quarter of a mile by the runaway horse. The Doctor leaves a wife and two little daughters.

Dr. T. H. Kearney, for a few months associated with Prof. Blackman and the writer in the editorial charge of the Cincinnati Journal of Medicine, and during last winter Prof Blackman's Prosector. has been appointed an Assistant Physician at Long View. Dr. Kearney is accomplished in his profession, a high-toned and honorable gentleman, and we heartily wish him in his new field of labor, and wherever else the futnre may cast him, abundant success.

Rush county, Indiana, has a population of about 40,000, and has not within all its borders a single irregular practitioner. This fact is creditable alike to the physicians practicing there and to the inhabitants.

We owe an apology to Dr. D. W. Yandell, now Professor of Theory and Practice in the University of Louisville, for attributing to him "clerical honors" in the notice of the meeting of the American Medical Association, in the last number of the Cincinnati Journal. The mistake arose from

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reading a statement in a religious journal that "Rev. Dr. Yandell had resigned his pastoral charge and removed to Louisville to engage in medical practice." Better informed now in reference to Dr. D. W. Yandell, we frankly say that he never did, and does not, preach, but he practices, which is said to be better than to preach.

Dr. Kersey's address, as President, before the State Medical Society of Indiana, was an able production, though probably its closer examination, when published, will not fully justify the extravagant encomiums which some of the members bestowed upon it. We doubt, too, whether the intelligent judgment of the medical profession will endorse some of Dr. Kersey's assertions in reference to medical journals; these assertions did not seem to be made of the same substantial fabric as the body of the address, but to be a very poor piece of *Kersey-mere.*

The past month has taken from among the living of our profession, in France, two most illustrious names, Civiale and Trousseau. The former died on the 13th of June in the seventy-fifth year of his age; the latter on the 23d, aged sixty-nine. "Seldom has a name been so thoroughly identified with an operation as is that of Civiale; and over all the civilized world will every one understand, when hearing of his death, that the inventor of lithotrity, an ingenious and persevering surgeon, a skillful operator, an eminent author, a teacher of several generations of lithotritists, a conscientious man, and a benefactor of humanity in his special branch of surgery, has departed this life."

Trousseau died of cancer of the stomach, and "it is said that he studied upon himself the progress of his disease following with the most scrupulous clinical accuracy all the phases of the malady, and predicting with his usual composure the time when the morbid action would have completed its final work; daily and almost hourly noting the various symptoms which were to follow in their due succession until checked by the merciless hand of death."—*Lancet*, June 29th. "Contemporary medicine has lost in M. Trousseau one of its most eminent representatives, and the French profession in particular one of its brightest ornaments. Endowed with the highest abilities and the most varied aptitudes, M. Trousseau had risen to the loftiest distinction in the different pursuits and avocations to which he applied himself during his brilliant career. His fame was equally great as a professor, as a writer, as an orator, and as a physician."

Tetrachloride of Carbon.— Dr. Protheroe Smith, of London, in concluding a series of observations recently published in successive numbers of the Lancet, makes the following statements:

"The observations thus briefly reported may offer sufficient ground to

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justify the belief that the tetrachloride of carbon, carefully administered, will be found useful in removing pain, especially headache, dysmenorrhœal distress, tic doloreux, toothache, etc.; that it will be a valuable and safe means of mitigating the sufferings of labor, without apparently hindering the natural efforts; in some cases of inducing quiet sleep, and of removing for a time the effects of exhaustion of the nervous system. Its vapor acting locally seems to have been beneficial in alleviating the distressing irritation of "hay fever" in the few cases in which it has been tried; and when used per vaginam, in exerting a soothing influence and relieving pain. Like all anæsthetics, if recklessly used it might destroy life; yet, carefully managed, it may with impunity be employed to induce complete anæsthesia. In the majority of instances there has been no nausea nor sickness following its use, nor any unpleasantness from contact with the skin or mucous membrane; whilst it has been often observed that the relief from pain obtained by it continues after its immediate anæsthetic effects have disappeared. It is pleasanter to inhale, producing anæsthesia with a less amount of previous muscular spasm and rigidity than does chloroform. It is much less liable to decomposition by light than is chloroform. Its vapor, being heavier and less volatile, is more slowly eliminated from the system, yet its effects on the perceptive faculties seem to be more evanescent, consciousness usually returning in a few moments after the cessation of inhalation; and when profound sleep is not induced, and consciousness not even interrupted, pain and voluntary muscular power may be suspended. In midwifery, when administered in small quantities, it lessens pain without apparently interfering with the natural process of labor, and a much smaller amount of the fluid is necessary than of chloroform.

The Ether Spray in Neuralgia and other Complaints. The *Journal de Medecine de Lyon* mentions two cases in which the use of the spray was momentarily successful. In one case the Neuralgia was situated in the urethra, and the spray was used until the skin of the penis turned white. Much relief was obtained at each sitting; but the pain always returned soon afterwards. The patient left the hospital without having experienced permanent benefit. The spray was also used to a young lady, suffering from severe gastralgia. The ether was directed to the epigastrium, before meals, and the effect was that vomiting did not occur so regularly after eating as heretofore. This looked very encouraging; but whenever the spray was left off all the symptoms returned. The ether, in such cases, can, therefore, be considered as a useful palliative.

M. Guilleton, in the same journal, states that, by means of the spray, he was able, in a case of favus, to pull out the hairs without giving the patient any pain. He thinks that, besides its anæsthetic properties, the ether may also assist in destroying the favus parasite.—*Lancet, July* 6.

Hypodermic Injections.—M. Arnold, a military surgeon at Constantina, (Algeria,) lately published several cases of ague cured by hypodermic injections of sulphate of quinine. These cases have been commented upon by Prof. Fonssagrives, of Montpelier, who warns the profession as to the possibility of tetanus being induced by such injections. The professor mentions two cases—a child and an adult—who both died of traumatic tetanus after hypodermic injections of sulphate of quinine dissolved

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in water and a little sulphuric acid. Both patients were suffering from ague. A third case has been observed at New Orleans, in a young Swiss, who died of tetanus two months after having submitted to hypodermic injection for intermittent fever. The puncture made over the deltoid, had turned into an ulcer.—*Ibid.*

The Quarterly Journal of Psychological Medicine and Medical Jurisprudence. This is the title of a new journal to be edited by Dr. William A. Hammond, and published by A. Simpson & Co., New York. We heartily commend this enterprise to the patronage of the profession.

Cerebro-spinal Meningitis is prevailing to some extent in Dublin and some other parts of Ireland: isolated cases of the disease have recently occurred also in London. Dr. Stokes has proposed to designate the disease "malignant purpuric fever."

A few words to Subscribers and Contributors to the Western Journal of Medicine. It was late in June when the Cincinnati Journal of Medicine passed into the sole possession of the editor of this periodical: hence the delay in the issue of the present number, a delay which may postpone the issuing of that for August until the 10th; but after that time, possibly even then, the publication will be made promptly at the commencement of each month. The Journal will be issued at Cincinnati by Robert Clarke & Co., the publishers of its predecessor, the same day that it appears at Indianapolis.

Each number will contain sixty-four pages of original and selected matter.

Published at the capital of Indiana, the JOURNAL appeals especially to the physicians of the State for their hearty support. It also claims more than a local interest and position: it has many ardent friends and able contributors in other States as well, and with the help of all its friends, can be made what its name imports.

The price of the JOURNAL is three dollars for twelve, or one dollar and a half for six months; subscription to be paid in advance. All subscribers for the Cincinnati Journal receive this for the ensuing six months; we beg leave to inform the few of them that are delinquent, that the amounts which they owe would never be more acceptably received than at present. New subscribers who may wish the six numbers of the Cincinnati Journal for 1867, or the eleven for 1866—our supply of the February issue for that year is exhausted—can have either set for $1.50, or both for $3. Subscriptions should be sent directly to the editor, or to Robert Clarke & Co., Cincinnati; and let them be sent as promptly as possible.

We cordially invite medical gentlemen to give us reports of important

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cases, medical, surgical or obstetrical, condensed *abstracts* of the proceeding of local societies, experimental investigations in physiology or therapeutics, statistics of disease *et cetera*, discussions of important professional subjects—in short, everything that will increase professional knowledge and promote professional progress. Communications should be received by the 20th of the month in order to insure their appearance in the issue of the succeeding month. Contributors, when they desire them, will receive three extra copies of the number in which their articles are published.

Numbers of the Cincinnati Journal of Medicine Wanted. If any of our friends have extra copies of the Cincinnati Journal for February 1866, or January 1867, we will be very glad to have them sent us, and will credit the senders with 25 cents for each copy, on their subscription to this Journal.

To Advertisers. We desire to call the attention of Medical Publishers, Medical Colleges, Druggists, Surgical Instrument Makers, Life Insurance Agents, and others, to the WESTERN JOURNAL OF MEDICINE as a medium for advertising. The *Journal* is receiving large accessions to its subscription list, and advertisements in it will be of great advantage.

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For one full page - - - -	$40 00 per year.
For one half page - - - -	25 00 per year.
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Transient advertisements are charged for at the rate of $10.00 a page for a single insertion, and $5.00 for each subsequent insertion. For less than a full page at a reduction in these figures, corresponding with the differences in the above *yearly* rates.

To Exchanges and Medical Publishers. American Journals should be sent to Indianapolis. Foreign Journals will be received through Trubner & Co., London. Books for review should be sent directly to the editor at Indianapolis, or through Robert Clarke & Co., Cincinnati.

Errata. In the report of the proceedings of the Indiana State Medical Society, by neglect in proof-reading, Dr. W. S. Haymond is stated to have read a paper on "Female Doctors." This honor belongs to Dr. Dougan Clarke, Professor in Earlham College, Richmond, while Dr. Haymond's paper was upon "Treatment in the Collapsed Stage of Cholera."

Likewise, in the bibliographic notice of CIRCULAR No. 6, the word freely should be substituted for fully, on p. 415, line 14, and a "not" has been omitted in the last sentence, but one.

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THE

WESTERN JOURNAL OF MEDICINE,

(Formerly, "Cincinnati Journal of Medicine.")

Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

AUGUST, 1867.

On Self Abuse in Women, its Causation and Rational Treatment. By Horatio R. Storer, M. D., Prof. of Obstetrics and the Diseases of Women, in Berkshire Medical College, and Vice President of the American Medical Association.

In addressing, as I shall now do for the first time, my professional brethren of the West through the medium of one of their own journals, I am actuated by several considerations. *Imprimis*, that I have frequently received very civil requests from the conductors of distant periodicals to occasionally make such use of their columns; the last of these courtesies having been from my friend, Prof. Parvin, of the late Cincinnati Journal of Medicine. Second, That I may distinctly ascertain from this gentleman, by thus taking him at his word, the meaning of a reference to myself, made in the course of his report of the proceedings of the late session of the Cincinnati Medical Association, (*Cincinnati Journal of Medicine*, June 1867, p. 332,) the remarks referred to reading as follows: "We had the pleasure of conducting one of the Superintendents of Insane Asylums to the room devoted to Psychology. But he found himself alone in his glory—not one single alienist to meet him; not even Dr. Storer came to teach, or be taught; whereat our wonder was doubtless greater

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than our friend's disappointment." I desire to know the meaning of the above expression. Had Prof. Parvin been aware that the Section of Psychology, of which the writer had the honor to be Secretary, formally met upon the previous afternoon, transacted the business for which it had been convened, and then regularly adjourned without day, both wonder and astonishment would probably have been wanting. Third, That I have received many letters, professional and unprofessional, concerning the subject of which I now propose to treat, from the West, as from other sections of the country; from one of these letters I may quote. Fourth, Its intrinsic importance. Fifth, The increased interest taken in it by physicians, since the late combined professional suicide and professional murder of Mr. Baker Brown, of London. And, finally, my own belief that even at the present moment, the subject is very generally misinterpreted, is as frequently treated upon erroneous principles of practice, and is too often entirely overlooked.

Now I venture to say at the outset, that self abuse in women is not of rare occurrence; that it prevails alike in those who are married and who are unmarried; in the young, and in the old; that it is not necessarily a vice, nor primary, but that it may be the result of physical causes, and therefore less amenable to moral than to physical treatment; that it is not always a sign of partial insanity, its effect or its cause; that while far less frequently than in the male, productive of extreme nervous exhaustion, it is even more frequently than in him productive of partial or extreme nervous irritation, explaining many of the cases of so-called hysteria; and that in many instances the habit initiates from no normal or abnormal longing of the woman's own heart, from no direct or indirect physical sensation upon her part, from no endeavor to simulate previous sexual intercourse had with husband or lover, but from manual caresses conferred by some half-timid man, or from the measures injudiciously or too frequently employed, however honestly, by a medical attendant, or from certain legitimate and very common employments of life, such, for instance as the use of the sewing machine. I have space but for a few words as to the causation of self abuse in women. The greater portion of my remarks I shall endeavor to devote to its rational treatment.

It may be permitted me here to say, that the views that I shall present are the result, not of thought alone, but of many hundreds of confessions, and many years observation of sick women. I acknowledge freely that the statements of women concerning sexual matters are often to be received with extreme caution, but I would call attention on the other hand to the fact that here, as elsewhere, a single positive case outweighs

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very many negative ones. With reference to the frequency of the habit to which I am alluding, it is as with the somewhat co-relative question of the frequency of criminal abortion. Both of them are matters of very delicate character; concerning both of them, physician and patient would gladly preserve silence, were it not that by this means the evils referred to with all their train of deplorable results, would be sure to proceed unchecked. The frequency of unjustifiable abortion, is now recognized by every medical man, and reform is rapidly taking place. Ten years ago, however, the situation was very different. Upon my directing the attention of the profession to the matter in a paper read before the Suffolk District Medical Society at Boston, I think in 1856, I presented tables based upon confessions made to me within a given time by patients, said patients being married, well to do in life, and professing, for the most part, to hold by the tenets of religion. In answer to my paper, the evidence of which was irresistible, one of our oldest and most influential physicians, at that time Professor in Harvard University, felt called upon to express his astonishment and doubt, inasmuch as during some forty years or more of practice, he had never known a single case of criminal abortion. The method of adjustment of our divergent experience I commend to the attention of all who may suppose that self abuse is comparatively unknown among women. My statements to the Society, as I have said, were based upon the confessions of patients. I asked the gentleman if, during his long experience, he had ever questioned a woman if her abortion had been an intentional one. "I consider, Sir, that I should have insulted her by so doing," was the reply. To obtain positive evidence in these matters, the physician must seek it; obtained, as I have said, the experience of the seeker will outweigh that of all who cross over and pass on the other side, without inquiry.

But it will be said, as many have remarked to me, that women will not confess these habits, even where there is no doubt that they exist. This however, is, in fact, an error. No woman, of course, who values the respect of her physician, would confess of her own accord, to what is too generally esteemed an unpardonable vice. If, however, that physician, viewing the subject in the light in which I shall endeavor to place it, approaches it intelligently, and shows that he considers it, as undoubtedly it often is, a simple matter of physical disease, to be judged of, conversed of, and treated as any other, he will find that every woman of delicacy and refinement will truthfully reply to the questions he may think it necessary to put. Indelicacy in the physician, lies rather in ignoring these pains and aches, and sufferings, these problems, that lies beneath all so-

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cial life and all domestic happiness, than in sensibly studying their phenomena, and throwing upon them the light of science. To this fact I would respectfully call the attention of the editorial staff of the New Orleans Medical and Surgical Journal; an article in the current number of which (July,) purporting to be a review of a late publication, I commend to all lovers of truly scientific criticism.

I have said that self abuse, in many cases, is not a vice, but the result of disease. It is often but the symptom of disease. This is true, sometimes, of the same habit in our own sex, just as it is true of that sense of congestion, whether physical in its appreciation or mental, which impels men who have been previously accustomed to it, towards sexual intercourse. The irritation of ascarides in the rectum, of hæmorrhoids, of anal fissures, of constipation, of varicocele, of enlarged prostate, and of vesical calculus, are each of them the cause of uneasiness, of priapism, of sexual desire. To relieve the sensations, reflex or direct, that are thus occasioned, suggestions enter the mind that are frequently uncontrollable. Of the causes mentioned, there are several that are equally present in the female, constipation and hæmorrhoids, and perhaps anal fissures,* are even more frequently so. To them must be added others; a vast variety of leucorrhœal discharges, and the menstrual flux, each of them at times sufficiently irritating to produce blenorrhœa in the male, which, by no test yet known can be diagnosticated from the true gonorrheal virus, together with so many forms of vulval, vaginal, vesical, uterine and ovarian disease, all of them liable to be attended with extreme reflex and neuralgic irritation, that we have good reason to be thankful that we are not ourselves of the female sex. I have no doubt whatever, that the nymphal or clitoridal sensation, is at times, as purely reflex as the characteristic pain at the extremity of the penis, that may attend calculus in the male, for I have studied the symptoms in very many women. If this be the case, the patient is a fitter subject by far for medical treatment than for the madhouse or nunnery, and yet I have known both of these latter methods resorted to instead of the first.

I have said that self abuse in the female, even though in an extreme, is not necessarily a sign of insanity. I have repeatedly known women to tear their flesh with their nails, in the vain attempt to eradicate a sensation whose origin could not thus be reached. It will be allowed by those familiar with the subject, that we have several classes of masturbators—those who endeavor to relieve themselves from pain, those who endeavor

* See Observations and Cases in Surgery, by Dr. Mason Warren, Boston, 1867.

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to prevent pain, and those who endeavor to awake or prolong a sensation of pleasure. All these conditions may, and frequently do, run into each other. The procedure, commenced as it were in self defense, may easily merge into voluptuous self-abandonment, and sometimes pain and pleasure are so nearly identical, that they cannot be contradistinguished. Upon the other hand, I have observed instances where the habit has been constant, and yet apparently no libidinous desire has ever been present. Two of these cases I will instance; they are types of classes which comprise a vast range between them. One of these patients is a young child, now seven years old; of very respectable stock, with no hereditary taint of mental disturbance, or excessive carnal desire. I was first consulted about this case some six weeks or two months ago, the mother being under my charge for pelvic cellulitis. The little child, when *less than six months* old, was observed to be constantly directing her hands towards the pudenda; mittens, and straps to the arms, were resorted to without avail. The habit has steadily increased, and until the time I was consulted, the unfortunate child, old enough to appreciate her mother's grief and persuasive entreaties, and though evidently making a strong effort to control herself, so constantly yielded to the uncontrollable impulse even in the presence of others, that it has been necessary to keep her alike from school and from society. Now here the habit originated long before the child could have learned it from others. It was owing to the presence of ascarides in the rectum, and perhaps in the vagina also, for they occasionally cross the perineal barrier. The other instance to which I have referred is that of a young lady, some thirty years of age, of highly cultivated mind, and great personal beauty. In consequence of uterine disease, of which it was merely a symptom, the pruritus assumed such intensity that it was thought necessary to remove her to an insane asylum, and here, for I have it from the lips of the Superintendent who had charge of her, the local irritation was so excessive that the poor girl, confined by the camisole, would yet rub herself upon her heel, and this openly and before the medical attendants. The symptom in this case I have long since removed by appropriate treatment, but the point to which I would refer is an important one. There was here, despite all the irritability that I have described, a sexual apathy. While still unrelieved of her suffering, the patient had opportunity of coitus with a person for whom she had a strong personal attachment, and under circumstances which rendered it almost impossible for the fact to have become known. She was told that pregnancy might be prevented, and probably believed it, as I have the same statement from herself and the other party, who was un-

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connected with the Asylum at which she had been resident, and yet she felt not the slightest sexual inclination. Moral principle was unable to prevent the self abuse, and it is improbable that moral principle prevented the yielding to a more natural instinct.

It will be said, undoubtedly, that what I have now described, is simply what obtains in the male under similar circumstances. I think, however, that this is not the case. The male, under almost all circumstances, can, if he desires, find women who will allow him to cohabit with them. Self abuse with him, is, in the vast majority of instances, not so much owing to lack of opportunity for more normal self gratification, as to an aberration of instinct—often, undoubtedly, as in the female, of reflex causation. With women, on the contrary, there being an excess of them in the older States, there often exists not merely an entire lack of the opportunity referred to, but in a far greater proportion of them than is generally supposed, complete sexual apathy, an utter lack of desire, under any and all circumstances. With them the excess of instinct is toward their children after birth, therein differing strongly from our own sex, who are rather planters than reapers.

I make this statement deliberately, and after free conversation with a great many women upon this subject. I am fully aware of its delicacy, but I am also convinced that in this direction lies the only solution of many maladies that we are called upon to treat. Women are constantly allowed by their medical attendants, to suffer for years for want of simple questions being put to them about matters concerning which the patient will readily answer, but which they naturally feel it might seem indelicate for them to broach themselves.

I do not, with my friend, Dr. Fonerde, of Baltimore, the intelligent Superintendent of one of the Insane Asylums of that city, think that almost every case of mental disturbance originates from, or is exacerbated by self abuse. We all know that in women this is not attended by the exhausting discharge that attends its indulgence in men; but I am sure that every physician that investigates the subject as I have done, will find that its effects, just as its frequency, have been much underrated. It accompanies, both as a symptom and as a cause, many of the apparently inexplicable and intractable cases of long confinement to the couch; it explains many a fitful temper, many a restless disposition, many a suicide. One instance at least, of the latter I have seen in practice; not merely have oral confessions, as to the other results, been made to me by very many patients, but I have received letters upon the subject from other invalids whom I shall probably never see.

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Of late, the clergy, in the matter of arresting the spread of criminal abortion, and the correlative evil of preventing pregnancy in the married, have taken a manly stand in aid of the efforts of our profession. The writings of the Rev. Drs. Todd, of Massachusetts, and Eddy of Chicago, have been pioneer to a mass of literature upon the subject. The matter which I am now discussing is a much more difficult one to entrust to saintly advisers. That even here, however, they are ready for the good work, is proved from the following extracts from a letter written to me by a prominent clergyman in Illinois:

"Grateful for your plain, manly statements concerning abortion, I cannot refrain from asking a question upon a kindred subject. There is a vast evil which is ruining both young women and young men. Of course you are familiar with it; I refer to self abuse, and particularly in young women. I know not to what extent this is carried in other places, but it is an alarming evil in this vicinity. Within the bounds of my parish, (I am trying to fight, in word and deed, all forms of evil,) there are no less than *four* young women whose physical and mental vigor are entirely wasted, and who, if they do not die from its effects, must lead miserable lives, a burden to themselves and to every one else.

"One of these young women says that this is a common practice with girls of all classes, illiterate and educated, vulgar and refined; and that most, if not all of them imagine no evil in it, until they learn by sad experience.

"You have taken a noble stand regarding 'fashionable murder.' If you have any such attack on physical, mental and moral suicide, I wish to obtain it. If not one of your own, can you tell me where I can find something that I can, with perfect propriety, (I am not over fastidious,) give to young women and circulate freely among them. If there is no such book, would it not be doing a good work, blessing humanity and serving God, to take steps for its preparation. Physicians must do this, but all good men will back them in it."

As to treatment. I have endeavored to indicate, in a general way, that this must vary with each individual case. If ascarides or pediculi occasion the pruritus, they are, of course, to be removed. If hæmorrhoids or anal fissure exist, excise the one, and for the other, rupture the sphincter ani by sudden distension by the thumbs, as suggested by Van Buren of New York, this being generally by far the most satisfactory method of treatment. A careful examination is of course necessary to ascertain if the irritation be not reflex, and the result of some uterine or ovarian disease. The procedure carried to such outrageous extent by Mr. Baker

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Brown, of London, of treating cases of insanity and epilepsy, whatever their causation, by excision of the clitoris and nymphæ, I of course, condemn, as I do every variety of merely routine treatment. There is no doubt, however, that Mr. Brown's suggestion was, for certain exceptional cases, a step in the right direction. The gentleman carried his practice too far; he pursued it sometimes without the knowledge of the patient or her friends, which is always improper, and he showed a degree of cowardice when professional discussion reached its height, which was utterly inexcusable. Yet for the Obstetrical Society to have talked of unjustifiable and irreparable mutilation, is alike unscientific and absurd. They could legitimately expel their member on the grounds of quackery or untruthfulness, but if they had attempted to do so for the reason that he dared essay an operation which, in certain instances, has alike theory and success in its favor, their action would have been met by the protest of the world. As for myself, I have now, in several instances, excised one or both nymphæ, for pruritus and self abuse, with success; in these cases they were hypertrophied. I have, in other patients, excised the clitoris for the same indications, but in no case with benefit. Not unfrequently, however, the application of potassa or the actual cautery to the cervix uteri, or the introduction of some alterative agent into the cavity of that organ, has sufficed to effect a cure. Quite often the bromide of potassium, exhibited by mouth, will be found of great advantage. I give it not in the trifling and almost useless doses in which it is ordinarily employed, but from one to two *drachms* every evening, so as at once to ensure sleep and quiet the irritable base of the brain. In some instances, no doubt, marriage is indicated; in others, where conjugal intercourse is already excessive, lessening its amount occasions relief. I take occasion here to record my disbelief, so far as the woman's health is concerned, in long engagements; agreeing perfectly in a remark made in a late number of the American Journal of Insanity, by Dr. Isaac Ray, then Superintendent of the State Lunatic Asylum of Rhode Island, that courtship is, of itself, almost necessarily accompanied, however unconsciously, by an amount of nervous erethism, productive in many instances, of serious disease.

Whatever other treatment may prove necessary, of one thing I am assured; that while attempts to break up the morbid habit where reflex, by expostulation, objurgation or sermonizing, are alike unscientific and futile, so is it to send these patients, as is still too frequently done, to an asylum or hospital for the insane. No physician in this country believes more fully than I do, in the efficacy of these asylums for certain classes

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of cases, but in these classes women with the symptom in question are but seldom to be included. Though the brain be the seat of insanity, it is by no means always the seat of its cause, and the psychologists among us are surely, however slowly, beginning to recognize the fact that in women a great many cases of mental disturbance take their origin in sexual aberrations, organic or functional. I take great comfort in the late frank, and, under the circumstances, very honorable avowal by Dr. Gray, of the Utica Asylum, as to the frequent causation of insanity by abortion,* for he is a gentleman whom I have met as an antagonist, and whose present agreement with me, so far as it goes, I believe to be perfectly sincere. I take equal pleasure in the discussion within the past week or two, by the State Medical Society of Vermont,† which has appointed a committee, at the suggestion of its orator, Dr. Holton, of Putney, to take into consideration the propriety of urging upon the Legislature of that State, the establishment of an advisory medical board for its insane asylum, to be consulted more especially in the case of insane women; a subject which it will be recollected, the American Medical Association, at my instance, expressed itself very emphatically upon, at its session of 1864.

To place a woman addicted to self abuse, at an asylum, where everything that can take her mind off from her physical condition is sedulously interdicted; where moral restraint, so-called, is chiefly relied upon, with or without the straight jacket or camisole, which, while it may confine her hands, does not confine those of her imagination, and where, as yet, many superintendents ridicule the idea of the local or pelvic causation of a local or vulval sensation, is, to say the least, a very solemn farce.

I had intended to write a much shorter article, yet I have not half said what might be said, and what ought to be said, upon this important subject of self abuse in women. There may be those, even in our own profession, who, like the New Orleans critic to whom I have referred, consider it indelicate or improper for medical men to discuss these subjects. Thus to judge, however, argues a libertine in the judgment seat. The day of such prudery has passed, and he best serves his profession and the cause of humanity for which we are all laboring, who detects the existence, the cause and the course of any obscure disease, and points out its proper treatment. Especially is this true of the too much neglected diseases of women.

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* Report of New York State Asylum, for 1867.

† Boston Medical and Surgical Journal, July 1867, p. 478.

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Medical Coroners.—Continued.

It has been already seen that our British ancestors were careful to select only qualified persons for the office of Coroner. The character of his duties rendered that caution highly proper, if not, indeed, absolutely indispensable to their right performance. A Coroner's inquest there, involved consequences of more striking and immediate importance, than those which regularly follow it here; for it was the duty of the Coroner and his jury, under the English law, after having found that the death, concerning which they were inquiring in any instance, was the result of felonious homicide, to inquire who was the felon; and, in case he was ascertained, to return an indictment against him, in due form of law. This obviated the necessity of submitting the cause to the grand jury; and enabled the government to bring the offender to an early trial, at the next term after the return of the inquest. A curious and instructive instance of an indictment for murder so returned, may be found in 4 Reports, p. 41. The case is known as Heyden's case. The indictment is in Latin, and charges the accused and others with having, on the 4th of August, inflicted a mortal wound upon one Savage, by cutting off the *pan of the knee*, of which wound Savage languished until the 27th of December thereafter, when he died thereof. The case gave rise to much learned discussion, and may well be considered by those who desire to contrast the learning and ability required for the performance of the Coroner's duties in the reign of Queen Elizabeth, with the qualifications usually brought to the office in our own country.

Our own law, however, in relation to Coroners, is less faulty than our practice under it. Nevertheless, the bad results are fairly attributable to the laws; for it is the province of the laws to prevent mischiefs. A brief glance at the laws in relation to Coroners, will enable the reader to estimate the points in which amendment is necessary, in order to secure competent Coroners.

The office is expressly provided for in the Constitution of Indiana, in which it is declared "there shall be elected in each county, by the voters thereof, at the time of holding the general elections, a Coroner." His term of office is two years. The only qualification required for the office by the Constitution, is that he shall be an elector of the county; and he must reside within the county for which he may be chosen, and keep his office at such place therein "as may be directed by law." He may be "removed from office in such manner as may be prescribed by

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law." These are all the provisions of the Constitution designed to secure the services of competent Coroners.

Under the foregoing provisions of the Constitution, the Legislature has provided that every Coroner shall be commissioned by the Governor; and before entering on the duties of his office shall execute a bond in the penalty of five thousand dollars. He is clothed with the same powers as a conservator of the peace as the sheriff; and when that officer is interested, absent, or otherwise incapable from serving, he is also required to discharge the duties of that office, in case of a vacancy therein, until a sheriff shall be chosen and qualified. In case process, either criminal or civil, issue against the sheriff, the Coroner is required to serve it.

The principal function, however, is to hold an inquest over the body of every person found dead within his county. "As soon as he shall be notified that the dead body of any person, supposed to have come to his death by violence or casualty, is within his county," he is required to "make out his warrant, directed to a constable of the township where the dead body is lying," commanding "him forthwith to summon a jury of not less than six in all, to appear before such Coroner at the time and place expressed in his warrant, to enquire upon view of the body, how and by whom he came to his death." When the jury is convened they must be sworn by the Coroner "that they will diligently inquire and true presentment make, how, in what manner, and by whom, the person who lies dead came to his death; and that they will deliver to the Coroner, a true inquest thereof, according to such evidence as shall be laid before them, and to the best of their knowledge." They are then to be charged by the Coroner to declare the death of the person, "how and by whom it was caused, and all the circumstances attending it, and *whether any person is guilty of such death, and the degree of guilt.*" Ample provision is made for procuring witnesses; and, where a *post mortem* examination may be required, a competent surgeon or physician may be summoned to make it; and the Coroner must certify such services to the Board of County Commissioners, who shall order the amount to be paid out of the county treasury. The duty to pay for such *post mortem* is absolute, and may be enforced by suit. 6 Ind. Rep. p. 13. And it has been held by the Supreme Court, that "a *post mortem* examination, made by a physician, at the request of the Coroner, is not a service covered by the physician's employment to attend on the county poor." 3 Ind. Rep. 497. All testimony before the jury must be reduced to writing, and signed by the witness. If it relate to any person concerned in the death, the Coroner must bind the witness by recognizance, to appear at the next term of the

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Circuit Court of the county. If any witness refuse to enter into recognizance, he must be committed to jail. When the recognizance is given, it must be returned with the inquisition and evidence. It is also incumbent upon the jury to examine and make a report, to be returned with their verdict, "giving a particular and minute description of the person deceased, with his name, where that can be ascertained;" and an inventory of his effects. Upon an inquisition found before any Coroner, of the death of any person by felony, it is the duty of the Coroner forthwith to issue his writ to some constable, commanding him to arrest such person, and take him before a justice of the peace, named in the writ, who shall proceed to try him as if complaint had been originally filed before him. In case of the absence or inability of the Coroner to attend to the taking of an inquest, justices of the peace are authorized to act as Coroners. This provision seems to be unnecessary, for Coroners have power to act by deputy. 2 G. & H. pp. 16—19; 1 Id. 302.

It might be well if we had some provision to secure the election of competent Coroners, to enlarge their powers in cases of felony, so as to enable them to return an indictment against the felon. But in view of the hands into which the office has generally fallen in this country, little or nothing would be lost from its entire abolition. Vested with nearly all the authority necessary to a complete investigation of the causes of death in any given case, it is not possible to examine the results of the inquests returned to the several clerk's offices of the State, without feeling that they really add to the original difficulties of the questions to be determined, and leave them worse than if no inquest had ever been held. A few instances may serve for illustration. These are taken at random from the recent files of one of the best counties of the State.

Case 1. S. B., whose body was found at the house of S. S. W., on the 12th day of January, 1866. The jury find that the deceased "*came to her death by means of poison, administered to her by some person to the jury unknown.*"

This verdict is arrived at "after having heard the evidence, and examined the body." The evidence taken consists of the depositions of two physicians, and several other witnesses.

Dr. ——, testified thus: "On yesterday morning I was called by a woman to go to see a sick woman. When I got to the house, I found the deceased laboring under the influence of something, *which I was told was opium.* She was very feeble. I called for some coffee, and attempted to give her some, but she could not swallow. I was of the opinion that she could not recover," etc.

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Dr. ——, testified: "I was called upon —— to hold a *post mortem* upon the body of the deceased woman; found the following external appearances: External appearances nearly natural—slight echymosis in the lower extremities—the woman was rather plethoric—full habit—in cutting down, I found the abdominal viscera natural, with the exception of the stomach and spleen. The spleen was unnaturally enlarged. The stomach was considerably congested, and contained between half a pint and a pint of fluid—the solid contents of the stomach nearly all gone. I examined a portion of the fluid, and retained the balance, as well as the stomach itself, for further examination if necessary. Examined the womb and found it perfectly natural—there was no evidence of conception. The fluid was of a yellowish cast—was not peculiarly odorous, and retained it for chemical purposes. The symptoms led me to believe opium had been introduced, and the congested state of the stomach showed excessive action."

The doctors seem to have written their own testimony. The testimony of Mrs. S. S. W., is in the hands of the Coroner; and as the spelling is peculiar, it is given as in the original. The witness says: "The deceased has bin at my house one week—has not been from the house but twice since she came—went out night before last and didn't. About 12 o'clock last night she said she would go to the other room and get an aple—and supose she took opiom—I tried to wake her but could not. After daylight I found some opiom. Deceased came here to be doctored for Neuralgia. She has taken one doce of James' pills. She said several times she would kill herself. Her and Mr. R." (the next witness,) "didn't agree very well. She died about four o'clock this evening."

Mr. W. R. testified thus: "Have known the lady S. B., 2 years. Was boarding right back of N. Hotel. Mrs. W." (the last preceding witness,) "came to the house on Wednesday, the 3d inst.," (January, 1866: this inquest was held on the 13th,) "and requested me to take her to her house to cure her. Brought her to Mrs. W.'s on Friday, to be cured of the Neuralgia. Never knew of her using opium but once when she had the headache. Told Mrs. W. to avoid giving her opium. She gave her laudanum once last week. Did not stop with her every night. Mrs. W. came for me to-day. Said 'Sue is dead.' Came back with her. (She) "said further, she had bought a coffin and shroud. Susan was dying when I came. The doctor said she had been taking either laudauum or opium. (I) "have whipped her, but not in this house. She was not my wedded wife. Did not live with her. Part of her clothes are here—

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part at the Cincinnati House—part at Mrs. J.'s over the river. Susan requested me to bring them to her."

E. P. testified thus: "Have seen her every day since she came. Was called in by Mrs. W. this morning, between 8 and 9 o'clock. Miss B. was in great suffering when I came in. Mrs. W. said, when she came to my house, that Sue was dying, and 'bring coffee' which the doctor called for. She soon went for, as she, (Mrs. W.) said, the coffin and shroud She was gone till sent for, about 3 o'clock this afternoon. She, (Mrs. W.,) said the girl had a piece of opium as large as a hen's egg, and was eating nearly all. Saw her out twice yesterday. Mrs. W. said she had doctored the woman, (her sister-in law), every day this week. Mrs. W. said R. was her brother."

S. W. testified thus: "Came here at 9 o'clock this morning. Mrs. W. said she was going for the coffin and shroud." (I) "staid till she came back. Never saw her before this morning. The report in the neighborhood is that the house is bad. Mrs. W. has pretended to be a doctor."

L. H., testified thus: "Mrs. W. called me this morning, about 7 o'clock. She was rubbing the woman, and gave her some whisky. The woman was in great suffering, and appeared to be dying."

Space will not admit additional cases in the present number; and comments are deferred until a better basis of facts is established for their illustration.

[TO BE CONTINUED.]

Incontinence of Urine, treated with Belladonna. Cases reported by JAMES T. WHITTAKER, M. D., Resident Physician, Commercial Hospital, Cincinnati, O.

W. B., admitted May 4, 1867, age 26, nativity, Rhode Island, occupation, boatman; states that last January noticed an increase in the quantity of urine voided daily, calls for its discharge becoming more frequent than normal. During the latter part of the month experienced an increased micturition, with nocturnal incontinence, and less control over its discharge by day; observed also at this time the ejection of a white creamy substance sometimes accompanying, occasionally following the urine; has travelled the round of venereal diseases, having had gonorrhœa twice, the last time three years ago, and syphilis some time before.

Condition on admission—robust but of spare habits of body; digestive

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functions unaffected; circulation normal; skin rather dry; thirst constant, external examination of the kidney reveals nothing abnormal; scrotum, thighs and penis excoriated by the urine which constantly dribbles away without the cognizance of the patient. Urine, pale and cloudy, depositing an abundant stringy sediment; quantity cannot be definitely ascertained; very much increased, however; spec. grav. 1002; reaction neutral; presents neither sugar nor albumen to appropriate tests. Field of microscope displays octahedral crystals of ammonia magnesian phosphates, with granules of phosphate of lime. Ordered belladonna ext. gr. ss every three hours, and emollient applications to excoriated surfaces.

May 7. Decided improvement noticed this morning; yesterday and today has been able to retain the urine by day without difficulty—voided involuntarily, only once last night; general condition, excellent; slight dilatation of pupils; interval increased to four hours.

May 10. Has perfect control over the bladder by day; nocturnal incontinence still exists when sleep is very sound; never voided more than once in a night. Discharged with medicine, to return as out-door patient.

It is a matter of regret that the patient never re-appeared, though it is, perhaps, presumptive evidence of complete recovery.

Case 2. D. F., admitted June 11. 1867, age 43; nativity, Pennsylvania; occupation, laborer; states that he has frequently officiated at the shrine of Venus, and often been a martyr thereto.

Some eight months ago was exposed to the liability of contagion; a few days after coition a clap appeared; discharge continued for some time with the usual phenomena of the disease.

After the cessation of the discharge, experienced a burning sensation in the urethra, which has continued to the present time, with severe pain in the right hypochrondriac region posteriorly; states also that he has incontinence of urine at night, and but little control over it by day.

Condition on Admission.—Apparently older than ascribed age; below average strength, evidently an old stager; lateral curvature of the spine exists, convexity towards the left in the lumbar region; complains of constant pain in the region described; nothing unnatural in the condition of the genital organs. Urine perfectly normal. Ordered belladonna ext. gr. j. ter. die. Emplast. canthar. over seat of pain.

June 14. Improvement marked; perfect command over the discharge of urine; burning sensation in urethra entirely disappeared; pain in the back alleviated by the blister. Discharged.

Case 3. J. D., admitted May 8, 1867, age 23; nativity, Ireland; oc-

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cupation, tanner; states that some two years ago experienced a difficulty with his water-works, consisting of an increased micturition, with severe pain in the glans penis and perineum. The stream was with difficulty started, and afterwards subject to frequent arrests. This trouble yielded soon to a course of domestic remedies, and he has enjoyed an immunity therefrom until two months ago, when it re-appeared with exactly the same manifestations as before.

Present Condition.—Average strength, appetite poor; bowels constipated; nothing abnormal about the genitals; complains of intense pain in the glans and perineum, intermittent in character; micturition difficult; catheter introduced with some difficulty, through an apparently spasmodic stricture, bladder evacuated; no stone detected; ordered buchu fld. ext. pareir. brav. ext. aa oz. i. Mix, s. teaspoonful every three hours; also, pil. cath. co. No. iii. at once.

May 11. Pain continues, but the severity is abated; increased micturition remains as before, though the stream is larger and less interrupted; hyoscyami ext. gr. x. has been administered at night to procure sleep, but with little or no effect; ordered potass. bromide gr. xl. aquæ oz. ij. to be taken at bed time in two doses, with an hour interval.

May 12. Little or no sleep last night; pain still severe, and micturition difficult; ordered belladonna ung. freely anointed over the perineum penis and glans; bromide continued.

May 15. Rapidly improving; pain almost ceased; urine becoming free; treatment continued.

May 19. No pain whatever; urine voided normally and without pain. Discharged.

Disease and Cure; with Suggestions of Practice.. By ORPHEUS EVERTS, M. D., Michigan City, Ind.

The medical profession proper, is essentially progressive, in ideas and in practice.

No one of our reputable schools would recommend to-day, the "Texts" of fifty years ago. Very few reputable practitioners, even in Indiana, would be satisfied to follow EBERLE in practice.

The test-tube and the microscope within, and the pressure of dissenters and protestants from without, will not allow the profession, *par excellence*, to rest, even upon its present laurels.

Yet advanced ground is always dangerous for individual reputation,

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especially if views suggested from thence criticise, by inference, the present and accepted, in a manner wounding to the pride of intellect, or the vanity of personal attainment.

The rebuke which old James Johnson, the great English Medical reviewer, gave to Dr. Forbes, on the publication of that celebrated paper entitled, "Homœopathy, Allopathy and 'Young Physic,'" and the same eminent author's commendation of the protest, in reply to Dr. Forbes, by Prof. Lawson, of this country, are as fresh in my memory as if read but yesterday. My conviction, however, is, that Dr. Johnson was more aggrieved by what he termed the "exposure of the condition of our profession to profane and mocking eyes;" the aid and comfort which heretics might derive from the confessions of such a man as Dr. Forbes, than by the confessions themselves, which were but feebly combatted.

Twenty years of observation have satisfied me that such publications are useful to the profession, however they may affect the standing of the author with his contemporaries; as there can be no progress without criticism of what has been and now is; no improvement without some degree of condemnation, either direct or implied, of present methods.

The suggestions which I propose to submit to the profession, through this paper, whether valuable or not, are the result of careful observation and earnest thought, uninfluenced by reading, and are offered as suggestions only, not as assumptions of truth.

WHAT IS DISEASE? WHAT IS CURE?

To answer these questions briefly and yet comprehensively, is very difficult, even according to our most approved theories. To answer them truly and satisfactorily, is still more difficult for one who has studied deeply the various and conflicting doctrines of medical philosophers in a spirit of research, and more especially if he has carried his information thus derived to the bedside, and tested it by practical observations.

It is a very simple matter, and to a very narrow and ignorant mind, may be entirely satisfactory, to assert "heat is life, cold is death," and upon this aphorism erect a theory and practice of medicine. It is equally as easy and satisfactory, and belongs to the same class in philosophy to say, "*Similia similibus, curantur*," and upon this to establish a school of medicine. These errors may collect around them, and associate with, a sufficient amount of truth to save them from immediate decay, but no clear headed, comprehensive thinker, can find rest on so narrow a basis.

I shall attempt then only so much of an answer to these questions as

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is essential to the purpose of bringing out certain suggestions, which will be apprehended without specific statement or illustration.

It is sufficient for this purpose to say that disease is a departure from the normal condition of any of the organs of the body, to such a degree as to painfully or perceptibly impair the functions of the body, or organ affected. This departure is always compulsory, and is the effect of agencies brought into contact with the organs themselves through certain *media* of communication, external and obnoxious to the organs; producing either chemical or mechanical violence; or of a more abstruse and subtle nature, reaching the organs through the spiritual element or force which produces them. Or results equally as manifest and disastrous may follow an insufficient or improper supply of the elements essential to the organization itself, and the performance of duties required of it.

As inert, unrelated objects, such as are employed in producing mechanical violence, are the farthest removed from intimacy with the organs, so these are the most infrequent causes of disease. The converse is also true; such objects as are most intimately associated with the organs, having the most direct access to them, are the most frequent and potential causes of disturbance. Of these we might classify from without inwardly, substances not used by the organs, but accessible to them, producing chemical violence: substances used by the organs, essential in themselves, but improperly supplied, or withheld; and, lastly, most interior, intimate and potential; imponderable agencies which operate through the imponderable forces of organization itself.

As diseases resulting from mechanical violence are most readily comprehended by the observer in relation to their immediate causes, so as we progress inwardly, according to our classification of causes, diagnosis becomes more complicated and difficult. It is also true, that either one of these classes of causes may be associated with, or partake of, the characteristics of others, or of all, as a mechanical injury impairing nutrition by its shock or lesions, and attended by apprehensions of mortality.

Science, which has chosen the inductive, in preference to the intellectual philosophy, proceeds from the surface, inwardly; hence the most interior truths within the reach of science are the last to be approached; and the most interior of these already reached by science, are only understood by the most advanced followers of science. How many practitioners of medicine content themselves with the merest superfices, the externals of science, is not for me to determine. But it is the object of this paper, now that the cadaver has given up all of its secrets to the scalpel and micro-

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scope, and the test-tube and retort leave but little to be learned respecting the elements of organization, the metamorphosis of tissues, etc., etc., all the way from germination to dissolution, to call attention to the deeper and more mysterious realm of medical research in which we shall be compelled to study a new branch of science, the relation of the man himself to his body; or, in other words, the character, influence and extent of control which the spiritual man exercises over the entire process of organization. And here it is to be confessed that the medical profession have been culpably negligent, by either accepting the philosophy of the various schools of theology, respecting the spiritual man as the sum of needful information respecting him: or in scornful rejection of the priestly *dicta* and dogmas, ignoring the existence of a spiritual man entirely; for, so far as science is interested, so far as our knowledge of disease and cure is concerned, it is all one with us, whether we regard the spiritual man as an entity whose only relations which should concern us are of a moral nature, accepting the recommendations of the body as a guest accepts room in a hotel. having nothing to do with its internal arrangements; or whether we deny the existence of such an entity, and regard the force of life as a result of organization, flowing from inorganic substances by virtue of combinations, accidental or otherwise, and identical with other imponderable forces of matter.

It is my present conviction that there is more to be learned respecting disease and cure, which is not now known, more light to be thrown upon researches already made in physiology, pathology and the application of remedies to diseased conditions, by an investigation of this subject with the integrity, perseverance, patience and enthusiasm of scientific enquiry, than all of our present information affords us in the aggregate. The anatomist finds himself front to front with this mystery, as he lays bare some of the more complex organs of the body, and asks, Why are these thus constructed? The physiologist turns back questioning, or dismayed from this point of scientific progression. The organic chemist sees it just in advance of his research, but as a barrier limiting his steps. That there is a definite scientific relation between the man and his body, there can be no doubt. That this relation is as intimate as the agent is attenuate and subtle, is a rational induction. That its potency, as a medium through which agents may reach and affect the organs, by affecting its relation to the organs, corresponds with its intimacy and subtlety, is also reasonable to suppose. In addition, should we admit a presidency of this principle in every organ, and every fibre of every organ, and endow it with intelligence in degree corresponding with the organic need of each,

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we increase the importance of this relation in our investigation of disease and cure by multiples.

But, have we not from the days of antiquity, recognized a *vis vitæ*, and a *vis medicatrix naturæ?* Wherein does this differ?

In this, that it is both these, and more. It is not a force of matter, but an intelligent entity. It is not a result of organization, but primordial, immanent, and the proximate cause of organization. It is science itself, in the abstract. It is that science which attaches to all organization, giving to it so much of intelligence as is required in the fulfillment of the purposes of the special organic form. In plants we see it, and call it simply life. In insects and animals we call it instinct. In man, the aggregate and ultimate of organic forms, we call it intelligence, mind, soul, spirit. It is as intelligent in the bee in answering the needs of its organization, as it was in Plato. Presiding over and permeating the tissues and fibres of the body, it is as variously intelligent in the various organs of the body, as in the various organizations outside of the creation of man. It is as intelligent in appropriating carbon in the liver as it is in selecting phosphorus for the brain. The mammæ and the kidneys could no more subsist upon precisely the same pabulum, than could the bee and the beetle, nor could they by any possibility, exchange functions or uses. That it is primordial, may be proven by the fact that it is creative; and the fact that it is creative is established by the necessity of its presence to the perpetuity of an organ; perpetuity in organized forms implying sustenance, or perpetual re-creation.

If, then, there is a spiritual primordial entity, attracting to organization as an intelligent presiding organizing force, corresponding in degrees to the necessities of the organs, selecting and rejecting from the pabulum thrust upon all the organs indiscriminately by the heart, according to needs, which are determined by uses; may we not affirm that the satisfied ascendency of this principle, resulting in the integrity of each organ for the performance of its functions, constitutes the true physiological condition, health!

Might we not also affirm the converse, that a disturbed relation of this force to the organ, either by mechanical or chemical violence, or disorderly nutrition, or the more subtle agencies which find access to the organs through its relations, visible and invisible, yet comprehensible, constitutes disease?

If these are interior views of scientific truth, they must influence our ideas of cure in an important manner.

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The uneducated ascribe the power and the intelligence to cure, to remedies, as principles resident in drugs.

The educated, as a rule, reach but little above this superstition.

If this were true, empiricism would long since have discovered specifics for every ill, and there would have been an end to inquiry, and to doubt.

But so far from being true is this, that there is but little harmony throughout the profession in the selection and administration of drugs—and but little is really scientifically known respecting the manner in which cures are influenced by them. We have ascertained their specific effects, when they are administered in sufficient quantities to produce different degrees of chemical violence, but these effects are themselves diseases to be recovered from, rather than curative forces; or, if curative, the further or more interior influence is hidden from us.

It may be an extreme assertion, but may be accepted with a margin, that no thoroughly educated physician now prescribes a drug with a confidence in its power to cure, or with more than a moderate expectation that the patient will be benefited by it.

Add to this testimony of doubt, the apparent, and often veritable "success" of quacks, and the herd of half-educated, indifferent prescribers of the various schools, or go still farther, and observe closely and fairly the aggregate or average recoveries from disease, under the administration of homœopathic remedies, the potencies of which it is impossible for the human mind, upon the plane of the senses, to comprehend, or scientifically to believe in, and this relation of drugs to diseased action as remedial agents becomes more and more problematical. It is a memorable circumstance, also, that the tendency of the profession in its higher walks has been toward a diminution of "doses" in its administration of medicine for twenty years. Shall we ascribe the effect of certain remedies upon certain organs, to an intelligence resident in the drug which determines it to select the organ, or to a principle residing in the organ which selects the drug? Withdraw the spiritual man from the body, and inject through the arteries whatever agents we may, upon the organs, there is no selection—and this is measurably true in states of coma and paralysis. Wherein then, does the power of cure reside? In the organs themselves. It is a part of that science which attaches to organization corresponding to its needs, and all remedial agents introduced from without in order to be of service, must be subjected to its power, must come within its purview, and be selected by it, as certainly and as submissively as the elements of nutrition yield to its direction in the process of assimila-

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tion, in order that the type of organization, and hence the function peculiar to each organ may be perpetuated.

Without discussing the natural suggestion of the influence of imagination or mental impression as curative agents in this connection, I will state my own inferences respecting the administration of drugs.

Whatever virtue as curers may be derived from medicine, must proceed from substances administered in such quantities as fall short of chemical violence in their contact with the organs, thus allowing the diseased organ to select or reject without shock, from the material offered. In the absence of more precise knowledge of the needs of the organs under various diseased or abnormal conditions, we are justified in offering and should offer, a variety of remedies, selected judiciously, and prepared in the most acceptable manner, depending upon the organic intelligence to aid us in selecting the most potent and useful of these remedies, while those "not wanted" are disposed of as quietly as all other inoffensive, yet unappropriated ingesta, leaving no marks or lesions behind them.

It may be objected, that, under this rule, the physician's occupation is gone; that all that is necessary to be done is to collect and offer blindly an indefinite number of remedies, and await results. I will not retort by saying that this is the sum of ordinary practice, which would be vastly improved by rendering these drugs so offered less offensive, but I may say, that fully impressed with the truthfulness of these views, there is yet in practice all the room for the exercise of such knowledge as we are really in possession of, that is to be found in ordinary practice. The same skill and judgment in diagnosis is available; the same knowledge of the qualities and effects of remedies variously administered. Add to this the fact which is well understood by the advanced physician, that the application of drugs to diseased conditions, constitutes but a small part of his functions in his professional relations to science and the people, and no one need feel alarm respecting occupation.

In conclusion I will state, that after four years of observation of the practice of from fifteen to seventy-five medical officers placed under my official direction, constituting an average of intelligence, learning and skill in the profession as it is practiced to-day, an observation so impressive of the inaptitude of drugs as ordinarily administered in the cure of disease, I have carried the suggestions of this paper into practice, with results so satisfactory to myself, as to induce the submission of this article to my brethren. I have used remedies of most approved virtue, according to our present knowledge, but in attenuate preparations, not infinitesimal but appreciable; yet always in quantities within the possibility of

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chemical violence, and administering often, within a few hours, an unusual variety of single substances. No statistics are offered, as one or two years practice can afford no valuable foundation for statistical testimony, but I may state the simple fact, that in the treatment of all the ordinary diseases of this climate and locality, acute and chronic, of men, women and children, the average duration of suffering and morbid manifestation, and the aggregate mortality, in my practice, has been reduced below any former experiences of twenty years.

Medullary Sarcoma of the Spleen. By L. WOODRUFF, M. D., Alton, O.

June 29, 1866, was called to see Mrs. M. H., aged 28 years, the mother of five children. She complained of a "lump" in her left side, which could be distinctly felt below the ribs, and was occasionally painful, and slightly tender. My diagnosis was an enlarged spleen, and gave her a very mild mercurial, and iron and quinia. The tonics were continued at intervals during the summer without any perceptible diminution of the tumor, or serious impairment of the general health, until the 25th of October, when she had an attack of fever, accompanied with great enlargement, extreme lancinating pains, and much tenderness of the tumor.

The fever soon gave way under appropriate treatment. Now the patient exhibited the peculiar sallow paleness of complexion characterizing the cancerous cachexia. This, together with the lancinating pain, and the obstinacy with which it had resisted all treatment, convinced me of the malignant character of the tumor. Prof. Hamilton, of Starling Medical College, saw her in the latter part of November, and Dr. Gay, of Columbus, in January, both of whom were convinced of its cancerous nature.

A supporting and anodyne course of treatment, and nutritious diet were continued until March last, when an Eclectic took charge of the case, assuring the patient that he could "*cure*" her, and in the stereotyped language of the charlatan, assured her that "*if she had been treated right in the beginning, she would have been well long ago.*" The cancerous vulture of incurable disease still fed upon the vitals of the too confiding sufferer, in spite of the persevering use of podophyllin, spearmint, and catnip. The vital forces rapidly failed, and on the 20th of June, 1867, one year after the first appearance of the tumor, in an effort to rise from her bed, she had fatal syncope, and soon expired.

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Autopsy twenty hours after death. Emaciation extreme, in fact almost entire absence of fatty tissues. Abdomen distended with fluid, and in left side a lobulated tumor. On opening the abdomen, about two gallons of straw colored fluid were discharged. The tumor occupied the left side, crowding the intestines to the opposite side. Tumor firmly adherent to transverse colon, pelvis of left kidney, pancreas, stomach, posterior wall of the abdomen, and in fact to all the surrounding parts.

Tumor, perhaps eighteen inches in circumference, firm, nodulated and cartilaginous in appearance. In breaking up the adhesions, a quantity of matter of the consistence and white appearance of cream, the result of softening. The tumor consisted of a "dull, opaque, softish matter, bearing a considerable resemblance to brain." Dissection showed the tumor to have originated in the spleen, to which it was attached by a short pedicle, an inch in diameter. The spleen was two or three times its natural size, in a state of degeneration; the healthy structure had been replaced by the unhealthy, until about one-fourth of that organ presented the same appearance as the tumor. Right kidney healthy; left atrophied, apparently from pressure. In the right lobe of the liver, two round masses, two inches in diameter, were found, resembling the tumor in appearance, but in no way connected with it; remainder of the organ healthy. Omentum entirely destitute of fat, firmly attached to tumor, and vessels injected. Uterus and its appendages were healthy.

Innervation of the Heart. Translated from the *Gazette des Hopitaux*, by L. J. FRAZEE, M. D., Prof. of Materia Medica and Therapeutics, in the Kentucky School of Medicine.

MM. E. and M. Cyon, (of St. Petersburg,) have sent to the Academy of Sciences, a note upon the *innervation of the heart.*

During the past year, one of these experimenters, M. E. Cyon, conjointly with Charles Ludwig, had established the following facts:

1. The cardiac nerve, which commences by two roots, one from the pneumogastric, the other from the superior laryngeal, is a nerve of sensibility of the heart. It gives to the heart the power of paralyzing, by a reflex action, the tonicity of all the vessels of the organism; and it is for this reason that MM. Cyon and Ludwig have denominated it the *depressor nerve.*

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2. The splanchnic nerves are the principal vascular nerves of the organism; their section reduces the pressure in the carotid to its minimum, while the irritation of their peripheral extremities doubles this pressure, The principal aim, this year, of MM. Cyon, has been to establish the fact, that, contrary to the theory of Bezold, the acceleration of the heart's beats, produced by the irritation of the spinal marrow, is not dependent upon vascular pressure. They cut the splanchnic nerves, and, though the pressure was thus reduced to the minimum, the heart's beats were not less accelerated by the electric irritation of the spinal marrow, separated from the brain at the point of the atlas.

(These experiments were made upon animals poisoned by curari, and in which artificial respiration was maintained, after the cutting of the pneumogastric, the depressor and the sympathetic nerves of the neck.)

Having thus proved the direct action of the spinal cord upon the heart, MM. Cyon extirpated all the nerves which the heart receives from the spinal marrow, through the medium of the sympathetic ganglia, (the inferior cervical, and the superior dorsal.) This extirpation produced no change either in the number, or the strength of the cardiac contractions; but after this the contractions ceased to be influenced by irritation of the spinal cord.

They attempted to prove, by directly irritating the cardiac nerves, the part which each of these plays. Similar experiments made upon rabbits and dogs, gave the following results:

1. Electrical irritation of the the third branch of the inferior cervical ganglion, provoked, in rabbits, an acceleration of the heart's beats, and a diminution of their extent.

2. The first two branches of the same ganglion, are nerves of sensation of the heart, and form the continuation of the depressor nerve.

3. Irritation of the fourth branch of this ganglion, which passes above the subclavian artery, and forms, with a fifth branch of the same ganglion, the ring of Vieussens, produced a slight elevation above the average pressure of the blood without changing the number of pulsations.

4. In dogs, where the sympathetic nerve of the neck and the pneumogastric, are found in the same sheath, irritation of the *second* branch of the inferior cervical ganglion, provokes the same changes that irritation of the *third* branch produces in rabbits.

The acceleration of the pulsations produced in dogs and in rabbits, by direct irritation of the nerves described, is less marked than that produced by exciting the spinal cord, which finds an easy explanation in the fact that in the latter case all the cardiac nerves are simultaneously irritated.

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MM. Cyon have proposed to call these branches of the cervical ganglion *accelerator nerves of the heart;* and as to the mode of action of these nerves, they have arrived at the following conclusions:

a These are not the ordinary motor nerves, terminating in the muscle of the heart:

1. Because their irritation produces no tetanus of the heart;

2. It does not even augment the action of the heart, for we have seen the height of the mercurial column in the *manometer* diminish while the number of beats increased;

3. The heart has, within itself, excitor ganglia;

4. The curari does not paralyze these accelerator nerves.

b. Neither are these nerves which act upon the vessels of the heart, for the complete occlusion of these vessels does not change the number of the heart's pulsations.

c. They can only be nerves terminating in the ganglia of the heart. Their action consists in modifying the labor of the heart as to time. Thus they are simply antagonists of the pneumogastric nerves, in this sense, that irritation of these last named nerves slackens the pulsations of the heart, in augmenting their extent, while the accelerator nerves augment the number of pulsations in diminishing, at the same time, their extent.

To recapitulate, it is seen that the researches of MM. Cyon complete that which was previously known in regard to the innervation of the heart. It was known that the heart, in itself, possesssed a little independent nervous center, consisting of ganglia. It was known that this little nervous center acted solely in a normal and continuous manner, for the purpose of regulating the contractions of the organ. It was known that by their influence upon this little center, the pneumogastric nerves entering into action, slacken the pulsations of the heart in augmenting their extent.

MM. Cyon have ascertained that the pneumogastrics have antagonists springing from the spinal marrow, and exerting a contrary influence upon the little cardiac center. Thus the general innervation will be found doubly bound in a centrifugal way to the proper innervation of the heart.

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Operative Gynæcology. By DR. FRIEDRICH KUCHENMEISTER, of Dresden. From the *Berliner Kliniche Wochenschrift*, for January, 1867. Translated by DR. HELLER, of Cincinnati, for the *Western Journal of Medicine.*

The bloody dilatation of the os uteri in dysmenorrhœa, sterility, etc., with an instrument of my own construction, with critical remarks on the method of Marion Sims.

The bloody dilatation of a rigidly closed or contracted os uteri, has, in proportion to the bloodless method—such as sponge tent, caustic paste, or, as Dr. Furst lately proposed, the introduction of the uterine sound, which acts partly as a dilating as well as a contracting medium—found but few admirers; and yet nothing acts more promptly in relieving painful catamenia, in contracted conditions or incomplete atresia of the os uteri, nothing is more successfully employed in correcting sterility, than the bloody dilatation of the neck of the womb. The operation is almost painless, the work of but a moment, the danger from hemorrhage hardly worth mentioning. The experience of Marion Sims has undoubtedly encouraged physicians much, yet his method, as well as his speculum, will not earn much reputation. In Sims' method, the patient lies upon the left side, the operator uses his left index finger as a guide to introduce Sims' uterine speculum, (which, on the Continent, is somewhat modified, and called Neugebauer's speculum—about which Sims' complains,) in such a manner that the point of the speculum will lie just behind the os uteri. If this manœuver, which is not easy, be accomplished, the os uteri is freely exposed, and we have a comparatively wide field for operation. But I must confess, although I frequently employed the said speculum long before I knew Sims' method, for the removal of cancerous and other excrescences of the walls of the rectum—it surpasses all other specula for the rectum—yet it was often wholly unavailable, while with Fergusson's speculum the os could be found with ease. I therefore believe that the common speculum cannot well be dispensed with, and as the original manipulations of Sims, cannot find its execution with it, so the generalization of the operation thereby becomes extremely limited, unless a substitute can be found. The method of Sims has still another disadvantage, namely, an assistant is always required to hold the speculum, and thereby distend the vagina, the operator meanwhile using both hands, one to manage the little hook used to hold the uterus in proper position, the other to use the scissors recommended by him.

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Now, firstly, I was desirous of dispensing with the assistance of a physician or midwife—I admit, however, the propriety of the presence of some person during explorations of, or operations upon the female generative organs, a point which Sims discusses at length, I advise the presence of the mother, sister, an old friend, or when desired, even the husband; but upon the genital organs of the patient, no one but the operator should be engaged. Many a woman, wishing to conceal the field of operation from all eyes except those of the operator, desires her friends to take a position at her head when she lies down, or behind her back when she sits. Sims cannot and will not operate by this method, without the presence and direct assistance of another person, male or female; such proceedings are, therefore, plainly tedious and defective. The mode of arresting hemorrhage in Sims' operation, is much more tedious than by the application of the common speculum; while the latter protects the entire cavity of the vagina from the caustic effects of the styptic, (sesquichloride of iron,) which cannot spread beyond the bounds of the speculum, and should the hemorrhage not be stopped by the styptic, a hot needle could be conducted through the common speculum; with Sims' speculum the greater part of the walls of the vagina are unprotected, and so the caustic effects of the iron would spread considerably, while the application of the hot needle would be altogether impossible. Sims' method has the only seeming advantage, that the patient is not so much exposed, in front; but if the patient be examined from behind, the exposure and unpleasantness are scarcely any less. The patient lying on her back, a sheet can be spread over her, and so adapted that a speculum can be introduced with very little exposure.

What Sims says concerning the instruments hitherto employed for the bloody dilatation of the os, and the principle by which they accomplish the end, seems to me more reasonable than what he says of the superiority of his method of examination. The instruments usually employed are those of Simpson, Martin and Luer, and belong to the *cache* cutting instruments. Simpson's with one, and Martin's with two *cache* knives, work upon the same principle, the incisions being deeper at the *os internum* than at the *os externum*. This principle is contrary to what is indicated by the construction of the cervical canal, as well as contrary to the purpose we wish to pursue. Towards the *os internum*, the incision should be shallow, while toward the *os externum*, it should be extended; we need, therefore, an instrument which opens the cervical canal in such a manner as to form a new cavity from without inwards. Now this might be possible with Luer's instrument, but like that of Simpson, it has the

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fault of dilating by its incision only one side of the canal; and, on account of hemorrhage, it is not always easy to turn the instrument precisely to the opposite side in order to make a second incision. These instruments are only capable of dilating the os externum and the cervical canal in their normal positions, but are utterly inadmissible in the entire class of cases where, owing to the various flexions and versions of the neck and uterus, the os externum occupies an abnormal position. If they were admissible, an incision obliquely and laterally from right to left, or left to right, could not accomplish anything, as the mechanical obstruction, (from the position of the os uteri, preventing the exit of the menstrual fluid, as well as the entrance of the sperm,) remains as before—the best evidence of this is, that even after the dilating incision has been made, the uterine sound cannot be passed into the cavity of the uterus.

In such cases—and as Sims advises in the normal position of the os externum and neck—lateral incision of both walls of the neck, the method of Sims, to divide the neck of the uterus from before backwards, or from behind forwards, (in a direction from the pubes to the coccyx,) is a valuble contribution to the practice of bloody dilatation of the os uteri. But as already observed, I cannot acknowledge the superiority of his (Sims') method, which he claims for it, and I shall now describe briefly my own method of operating, illustrating my remarks with examples, and describing the new instruments which I employ.

[TO BE CONTINUED.]

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The Principles and Practice of Disinfection. By Dr. BARTHOLOW, A. M., M. D., Prof. Mat. Med., Med. Coll. of Ohio. Just published by R. W. Carroll & Co., Cinn., O. A monograph "containing the substance of three papers read by Prof. Bartholow before the Cincinnati Academy of Medicine in April of the present year," with additional matter by the author.

The feeling which pervaded the mind stronger than any other after a full perusal of this excellent little work, was one of regret that it contained only about a hundred pages, and did not go farther into the unexplored field of inquiry which embraces within its limits all those interesting questions which relate to zymotic diseases. Every thoughtful physician

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who looks forward with hope to future achievements in medical science, expects more from analytical chemistry than from all other sources combined, and when he observes some patient, industrious explorer endeavoring to contribute to our knowledge of those agents which "corrupt our bodies" and the antidotes which will destroy or neutralize their toxic power, he oftener leaves the study or contemplation of the subject with regret for what has not been disclosed that was ardently desired, than with satisfaction for what information had been gained, however valuable and instructive, or creditable to the source whence it emanated. So in this case. Dr. Bartholow had given much promise as a writer, was known to be a laborious student, devoted to professional experimental research, and we confess to a feeling of impatience that he should not have been able to far outstrip others, who might have entered the lists to dispute for the prize to be awarded by grateful humanity hereafter to any benefactor of mankind who may be able to apply the chemical principle which will prove efficacious to neutralize the poison, arrest the ferment, destroy the virus, or render inert the materies morbi, those prolific germs from which spring the whole family of zymotic diseases and the resulting consequences of suffering and death. But this was expecting too much. We deem it, however, creditable to Prof. B. that so much was expected of him, and that a book announced from him on a subject akin to that to which we refer, suggested more upon that to which we allude. He is on the right track. May he be an ardent, devoted, self-sacrificing explorer into the hitherto impenetrable forest, rich in resources calculated to benefit mankind. He has made a good beginning in these short but valuable and instructive essays.

We think the book deserved an index and a fuller table of contents. We hope Dr. B. will pursue the subject and add year after to it, and that in future editions we will have much that is new from his pen in the line we indicate. We wish the present little volume had been indexed, and that it contained more formulas for general use, and so calculated to popularize and make it useful outside as well as within the profession. W. S. P.

Essentials of the Principles and Practice of Medicine, A Handy Book for Students and Practitioners. By Henry Hartshorne, M. D., Prof. University of Penn., etc. Lately issued by H. C. Lea, of Philadelphia, and for sale by R. Clarke & Co., Cin., O., and Wilkinson & Co, Indianapolis.

In this new book Dr. Hartshorne has signally succeeded in accomplishing "Multum in parvo." As a strikingly terse, full, and comprehensive embodiment in a condensed form of the essentials in medical science and

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art, we hazard nothing in saying that it is incomparably in advance of any work of the kind of the past, and will stand long in the future without a rival. A mere glance will, we think, impress others with the correctness of our estimate. Nor do we believe there will be found many who after the most cursory examination will fail to possess it.

How one could be able to crowd so much that is valuable, especially to the student and young practitioner, within the limits of so small a book, and yet embrace and present all that is important in a well arranged, clear form, convenient, satisfactory for reference, with so full a table of contents, and extended general index, with nearly three hundred formulas and recipes, is a marvel. We are much mistaken if Dr. Hartshorne does not reap a rich reward for his labors, besides making the acquaintance, as an author, with the profession throughout the country. W. S. P.

On Railway and other Injuries of the Nervous System. By JOHN ERIC ERICHSEN, F. R. C. and C. Henry C. Lea, Publishers, Philada.

We have received from the publisher, through Messrs. Wilkinson & Co., of this city, a most interesting little volume with the above title. It is interesting not only from the newness, but from the importance of the subject—which might in fact have been introduced to us under the name of "The Railway Spine;" for it treats of a class of cases which, for a few years past, have puzzled the physician in his office, as well as in those disagreeable medico-legal examinations which have been quite frequent in our Courts since railroads have become so generally introduced into our country.

The cases treated of in this book are of the most complicated nature, requiring more skill, and tact in discovering the seat and extent of the injuries complained of, than others that come under the observation of the surgeon. A man has been upon a train during a collision, or perhaps, simply sustained the jolting from running off the track. At the time he feels no injury, experiences no new sensation except joy at his supposed escape. There is neither bruise, nor broken bones, nor direct blow, nor pain. He continues his journey, but in a few weeks or months, symptoms of paralysis creeps on.

The extension of the paralysis is gradual, occupying, it may be, two or three years; when the patient's health, thus slowly giving way, breaks down, and death ensues by gradual decay of the powers of life. After death, the evidence of disease are sometimes found in the membrane of the cord, and the cord itself, sometimes in the brain—I say sometimes,

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because there are cases in which it is impossible to detect those evidences in any part of the nervous system, and it is the latter class of cases that Mr. Erichsen dwells upon more especially.

The above is in substance, a typical case of "Concussion of the Spine," from railroad or other shocks, as defined by Mr. Erichsen.

It is most remarkable that such disproportion exists between the apparently trifling injury and the really serious mischief which has accrued. A person jumps from a car, or slips down stairs upon the heels, without flexing the knees, sensible of no injury at the time, yet so shakes jars, or shocks the spinal cord as to seriously and permanently damage its function. How this can be, Mr. Erichsen does not attempt to explain; and why the symptoms of injury do not pronounce themselves at once, instead of several days, is quite as mysterious. We have known of cases of this sort, where the condition of the sufferer was little understood, that were even laughed at for trying to claim damages from a railroad company, simply because the company could prove that the injured parties had been able to attend to their usual occupations the day after the alleged accident, and continued so to do for two weeks or more. Few juries could be found of sufficient intelligence to see what connection a railway accident of to-day, would have with a man's beginning to have paralysis a month hence.

Indeed, it is important that the practitioner should be able to recognize these cases, for in being called upon as a witness, it is his knowledge alone which will bring these truths to the minds of the jury, and justice to the injured party.

In this little work, Mr. Erichsen deserves credit for bringing the subject for the first time, fully before the profession, and we hope that it may stimulate further research into the nature of such accidents.

The treatment, we are sorry to say, is almost as little understood as the pathology of the peculiar difficulty. "No matter what the treatment," Mr. Erichsen says, "I have never known a patient to recover completely and entirely, so as to be in the same state of health that he enjoyed before the accident." W. B. F.

Ununited Fracture Successfully Treated; With Remarks on the Operation. By HENRY J. BIGELOW, M. D., Professor of Surgery in the Medical College of Harvard University. David Clapp & Son, 334 Washington Street, Boston, 1867.

This interesting pamphlet of twenty-five pages gives the details of eleven cases of ununited fracture treated by a method that at least pos-

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sesses the novelty of combining in one operation several of the most valuable features of the operations heretofore practiced for the cure of ununited fracture.

Prof. Bigelow states that, "Having failed, in a number of cases, to effect by rest, compression, blisters, seton, drilling, excision of bone, dovetailing, etc., a union of ununited fracture of the humerus, and having in mind the experiments of Ollier for the production of bone from periosteum, I determined, when the opportunity presented, to avail myself of the osteoplastic function of this membrane."

His first experiment was made Feb. 14, 1860, he not being aware at that time that any previous attempt had been made to produce bony union in cases of this character by preserving the periosteum.

Before proceeding to a description of Prof. Bigelow's operation, it will not be amiss to notice, briefly, the steps of improvement, leading from simple excision of the ends of the bones in ununited fracture to his more perfect operation.

Resection of the fragments, for the cure of ununited fracture, was first brought into notice by White, of Manchester, in 1760. This operation was not followed by any great success, and was never very popular for this reason.

In 1805, Horeau proposed an addition to this operation. He connected the freshened ends of the bone together by means of a wire passed through a hole drilled in each fragment, the ends of the wire being twisted together and allowed to remain until the completion of the cure. Among European surgeons this operation was generally condemned. In this country, however, it was more favorably received, having been highly recommended by Dr. J. Kearney Rodgers, of New York, in 1827.

In 1860, Joseph Jordan, in a paper on the treatment of ununited fracture, "ascribed the failure of resection to the removal of the periosteum." He therefore separated this membrane from the bone before removal, and passed the two empty pouches one within the other, sometimes connecting them together by suture. While this operation of Jordan's was theoretically far in advance of those already mentioned, its success practically does not seem to have been much, if any, greater. The reason we think is obvious: sutures in the periosteum are entirely insufficient to insure that quietude of the ends of the exsected bone that is almost essentially necessary to the exercise of the osteoplastic function of the periosteum, and it is evident that the apparatus applied by him subsequent to the operation was not such as to certainly secure this condition.

The necessity for fixing, in some manner, the ends of exsected bones, in

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order to prevent any great degree of motion between them—if we seek for reproduction of the lost osseous tissue—we are well satisfied of. During the late war, we were much interested in, and studied carefully, the reproduction of bone after resection, and our observations led to the conclusion that, other things being equal, this was in direct proportion to the freedom from motion of the fragments after the operation. A recognition of this fact has led Prof. Bigelow to perfect the operation of Jordan.

Want of space will not allow a description in detail of Prof. Bigelow's operation; it however essentially consists in attacking the extremities of the false joint where they approach nearest the surface, unless vascular or nervous trunks are in the way, a free incision being made in each case. The principal bony extremities being found, the interval between them is divided and the ends turned out, taking care that the muscles are not stripped from the periosteum. An incision is made into the ragged callus which overlies the ends of the bone. By tearing and dissection, the flaps are separated from the bone until the sound shaft is reached and about half an inch of good cylindrical periosteum detached. The portions of the shaft thus uncovered are then removed by a common saw. Holes are drilled in each extremity about half an inch from the end, and through one wall only. Through these holes a silver or plated copper wire is passed. The ends of the bone are accurately brought together and the wire twisted long enough to protrude from the external wound. The periosteum is brought together and the wound closed by sutures, leaving an abundant exit for pus. Such form of splint is then applied to the limb as will keep the ends of the bone quiet, and at the same time admit of the dressing of the wound without disturbing the apparatus. Water dressings are generally applied, and the patient kept in bed several weeks. Generous diet is allowed and phosphates administered. The wire is allowed to remain in place until the bone is firmly united. In no case were ill effects produced, although in one case it remained two years. When it becomes necessary to remove the wire, it is divided with cutting pliers and forcibly drawn out.

The author very properly insists that one great point to be observed "in treatment, is the prevention of abscess; or, in other words, the early and free evacuation of imprisoned pus." Our experience in army practice led us to the conclusion that many exsections failed simply in consequence of want of attention to this point.

In the following recapitulation the principal facts in relation to the cases reported are so concisely stated, that it seems worth while to reproduce it entire.

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RECAPITULATION.

Case.	Bone.	Causes of Injury.	Duration.	Wire Remained	Result.	Remarks.
1	Humerus.	Arm caught in a splitting machine.	3 years.	4 months.	Well.	* Seton; blisters; rubbing ends of bone together; excision of ends of fragments.
2	Radius.	Arm caught in machinery.	4 years.	2 years.	Well.	
3	Humerus.	Arm caught in hand-car crank.	8 months.	6 months,	Well.	* Rubbing ends of bone together.
4	Humerus.	Arm caught by a revolving shaft.	1 year.	2 months.	Well.	
5	Femur.	Crushed by a heavy team.	20 months.	5 1-2 months.	Well.	* Blisters; setons; drilling ends of fragments twice.
6	Humerus.	Gun-shot wound.	11 months.	5 months.	Well.	
7	Humerus.	Compound fracture.	18 months.	4 1-2 months.	Amputation.	Softening of the bone.
8	Humerus.	Arm struck by a falling elevator.	5 months.	4 months.	Well.	* Drilling ends of fragments.
9	Humerus.	Crushed by wheel of hand-car.	1 year.	4 1-2 months.	Well.	
10	Humerus.	Gun-shot wounds.	5 years.		Well.	* Excision of ends of fragments; excision of ends and wiring fragments; two operations by Dr. Bigelow.
11	Humerus.	Gun-shot wounds.	2 1-2 years.	4 months.	Well.	* Excision of ends of fragments.

* Previous operations which had failed.

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In case 10, (of the table,) the humerus, in consequence of consecutive operations, was seven inches shorter than its fellow, yet the biceps and triceps were fulfilling their functions, and the arm regaining excellent motion, when the patient was discharged.

Prof. Bigelow concludes that his operation—

"Is a successful one;"

"That it is not dangerous;"

"That the wire may be left in place indefinitely without danger of necrosis;"

And his cases, as far as they go, certainly warrant his conclusions.

In our own practice we would be disposed, in a case of ununited fracture, to first make an effort to secure union by rubbing the ends of the bone together; this failing, we would practice Prof. Brainard's method by drilling; should this not succeed, we would resort to Prof. Bigelow's operation.

Prof. Bigelow concludes his pamphlet by reporting two cases, one of periosteal reproduction of the condyles of the humerus after excision of the elbow joint; the other a Rhinoplastic operation, in which the periosteum of the forehead was transplanted, without the formation of new bone, and followed by necrosis of the exposed skull.

The profession will find Prof. Bigelow's monograph an interesting and valuable contribution to an important branch of surgical practice.

J. R. W.

We are compelled to defer until our next issue several bibliographic notices, among others of an admirable book by Dr. Maudsley, republished by Appleton, and of Dr. Warren's recent work: both of these works are in the hands of gentlemen whose ability is a sufficient guarantee that the notices of them will be ably prepared.

The second part of *Ranking's Abstract*, republished by Mr. Lea, of Philadelphia, has been received, and is quite equal if not superior to its predecessor.

From Robert Clarke & Co., Cincinnati, O., we have received the *Chemical News and Journal of Physical Science*, republished by Townsend & Adams, of New York. We hope there are enough scientific chemists in our country to justify the publishers in this enterprise; such a journal should be most liberally patronized.

We observe that the *Druggists' Circular* finds fault with this robbery, (we might use a milder term,) of the English publishers. The blame rests with that odious law taxing imported books. Let us have free trade in knowledge, and then foreign authors can reap a just reward for such of their works as we may need in this country, and there will be no necessity for republications. Away then with every *penalty* for buying French or English books.

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MISCELLANY.

Heterodox Views of Vaccination.

[While we may not fully coincide in all the opinions here presented, yet we respect them as the utterances of an eminent and able member of our profession, one whose name is not only well known in our own country, but also abroad. We trust our subscribers will have frequent opportunities of reading articles, thoughtful and suggestive like this, from the same pen.—T. P.]

You may perhaps remember that disbelief in the preventive agency of vaccination is one of my medical heresies. From a very early period of professional life, I entertained doubts on this subject which the arguments adduced in its support, however conclusive to others, failed to remove; and though I have ever continued to vaccinate my little patients with all the care which an object of such importance demands, and with all the gravity of the most orthodox believer,—for in a matter involving human health and safety I should think it culpable to act upon views at variance with those of nearly all mankind,—those doubts, confirmed by observation and experience, have long since led me into downright infidelity. Variola, like the other exanthemata, is generally an epidemic disease, depending, in my judgment, on the action of certain meteorological conditions of the atmosphere upon predispositions, proximate and remote, engendered by a variety of causes; all concurring, however, to undermine and depress nervous power. The predispositions existing, it may even be caused by the nervous exhaustion induced by fatigue alone. In confirmation of which I may remark that Evelyn, in his Diary, relates that one of the princes of the royal family was attacked by small pox of a malignant and fatal character after excessive dancing.* When the predisposition does not exist, the disease will be sporadic, not extending beyond the individual, and the contagion may even give rise to morbid action of a different kind.

* The late Bishop Boone, speaking of his narrow escape from shipwreck in a storm which he encountered on a voyage from Aden to Ceylon, observes, "Our last danger was from pestilence or ship-fever. You can have no idea of the smell from such masses of wet leather, decaying clothes, etc.; to which we had added dead rats and poultry, etc.; and to crown all, three of our crew were taken down with small pox."

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I have seen fatal congestive fever, without the characteristic eruption, manifestly caused by nursing persons sick of the confluent form of that complaint. But when both the predisposition and the meteorological conditions alluded to, are present in a high degree, it will overleap all barriers, and vaccination will confer no immunity. "That confidence in the efficacy of vaccination," as I have elsewhere remarked, "has been diminished of late years, it were vain to deny; for its advocates, driven from the ground of perfect exemption, have been obliged to resort to the supposition of a modified protection to explain a degree of mildness which is owing to less severity of epidemic influence, improved modes of living, and a more rational treatment; and are, moreover, divided among themselves as to the necessity of the repeated, and even septennial, employment of their supposed prophylactic."

If the introduction of the vaccine virus into the system were altogether harmless, mankind might continue to invoke benedictions on the name of Jenner, and torture helpless infancy to the end of time; but while it is always the cause of some suffering, it is not, in fact, so entirely free from danger, or evil consequences, as we are accustomed to think. Not only is the irritation of the pustule often severe, giving rise to high constitutional disturbance—in one instance I attributed to this cause a fatal attack of convulsions—but various eruptive diseases and other complaints, have so frequently followed, that a strong popular prejudice exists, and we are often closely questioned as to the quality of the virus we are about to use.

I am aware that there is in Germany, a small number of physicians who entertain opinions on this subject similar to those which I have avowed; but in this country the Jennerian doctrines, with the modification mentioned above, are, so far as I know, still held with implicit faith; and in my own city I have been, for their professional declaration, publicly charged with "propagating new and doubtful doctrines, calculated to cause misgivings as to the value of 'a widely-adopted and long cherished blessing,' in the efficacy of which," my accuser had the temerity to say, "medical confidence is still undiminished!"

The following paragraph, which I cut from one of our daily papers, shows that the heresy of which I have made confession, has made some progress also in the very land which gave birth to Jenner, and munificently rewarded him for his supposed discovery.

"A memorial to the British Privy Council, signed by a number of medical men, including Dr. Charles Pearce, Dr. Caplin and Dr. Spencer Hall, declares that the world's confidence in vaccination, and its admiration of Dr. Jenner, have been the result of a complete mistake. It states,

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that 'before an impartial tribunal your memorialists are prepared to prove that there is a large and increasing scepticism as to the utility of vaccination in the country, justified by the fact that for some years past, the proportion of vaccinated patients where small pox prevails, is seventy-five and eighty per cent.; that Jenner's theory that the single cicatrix left by the pustule, was an indication that the person was protected for life, has been given up on all sides, and revaccination every seven, five, or three years, is recommended, and that there should not be less than eight well formed pustules.' "

It will doubtless be somewhat mortifying to admit that we have been so greatly mistaken in a matter of such general acceptation and faith; but our primary and only object should be truth, and it is better to acknowledge our faults, than blindly to persist in the perpetuation of error.

The fact is, that the grounds on which vaccination rests, the existence of malaria as a morbific cause, the necessity of a materies morbi to the production of disease, and the whole theory of epidemics require reconsideration and reconstruction in the fuller light of modern science. The doctrines at present taught, are contradicted by facts of daily occurrence, and are not in accordance with the advance of medical opinion on other subjects.

The Surgeon General's Report again. Rights and Action of the Ohio State Medical Society in reference to it. The Montgomery County Medical Society.

To the Editor of the Western Journal of Medicine:

The communication signed by your correspondent, Dr. C. McDermont, contained in the July number of your excellent Journal, seems to invite, if not demand, reply.

In doing so we wish the reader to bear in mind that Dr. McDermont's claim to consideration as a gentleman, we are disposed to fully recognize and respect. While we are not to be tempted or driven into any other conduct than that becoming a gentleman, in our bearing towards *him*, we are disposed distinctly to assert our rights and our privileges, in reference to the "Report of the Surgeon General of Ohio, for 1867." This is a public document. As such it has no right to claim immunity from candid and fair criticism, even if such criticism annihilates some of its pretensions.

It is to be hoped we will be kindly excused for paying any attention to various matters in the communication of the last, and also of the previous month, the relevancy of which we fail to comprehend. That of July

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contains the first step that has been made, so far as we have been able to see, to meet the issue that we made with this Report, in our communication, contained in your Journal of April.

To that argument we invite careful and candid attention.

In brief, the issue, and the only issue we made with the Report, was this:

The Report states, page 4, "The whole number of Ohio Surgeons engaged in the war, is 1,177. Of this number 287 were Regimental Surgeons; 649 were Assistant Surgeons of Regiments; 150 were Contract Surgeons, and 46 belonged to the corps of Brigade Surgeons, or Surgeons of the United States Volunteers."

Again, at the bottom of the same page, in speaking of the duties of the "Army Medical Examining Board" the Report says: "None but graduates of regular medical schools were admitted to examination, and yet over eighty per cent. of these were rejected for incompetency," * * * "and yet these rejected candidates, with hundreds of others equally incompetent, are now scattered over the State, pursuing their fatal trade, with criminal recklessness."

We might add here, that though no issue was taken with any other part of the Report, these quotations illustrate very fairly the spirit and tendency of that part of it which is devoted to the state of the profession in Ohio.

In the Journal of last month, pages 419, 420, Dr. McDermont seriously attempts to show that this may be true. His first argument is this:

"The medical officers of the early regiments were not examined by the Board, and they are included in the aggregate, (936.)"

That argument is well put, and is good to the extent to which the assertion that "the medical officers of the early regiments were not examined," is true. It is applicable to exactly two of them, viz.: to the Surgeon of the 1st O. V. I., and also to the Surgeon of 3d O. V. I., no more—no less.

Some entered upon duty without examination, and even served out their three months, but all except these two entered the three years' service, and were examined.

As to the second argument. "In the second place, more than one-half of the Ohio Surgeons were not examined for their position by the Board, having been promoted in the field, from the grade of Assistant Surgeon. All these were counted twice in the aggregate."

"In the next place, many Surgeons and Assistant Surgeons were transferred during the war from one regiment to another. Each man is counted as often as his name appears in the different commands."

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Here we have some remarkable counting. It is decidedly novel. If this method had been developed in time, there would have been no difficulty in making good the assertion, that the tail of the traditional fox was fifteen feet long. To-be-sure, it measured just twelve inches, but then just count it every time it is wagged, till the operation is repeated fifteen times, and it comes out exactly even. But we cannot say as much of the official counting of this Report. Counting after its own plan it does not come out 936 Surgeons, and Assistant Surgeons, but 1135, a discrepancy of 199, and this exclusive of 154 Contract Surgeons, and 46 U. S. Volunteers. So this ingenious device utterly fails to relieve this Report of its extravagancies.

But another argument of the communication: "Again—many physicians who enlisted as privates, and Hospital Stewards, were commissioned as medical officers upon the recommendation of the company and field officers of the regiments in which they served. I believe few of this class were examined by the Board."

To which we reply: That during the existence of the first and second Boards, every such one was examined without exception, and the law requiring an examination previous to commissioning, was so plain and so imperative, that we would not hesitate to guarantee that the subsequent Board required it without exception, as the condition of their recommendation.

Now as to the final argument of the communication: "Finally, it is well known that candidates failing to pass a satisfactory examination at one time, had the privilege of re-applying for examination, and going before the Board *ad libitum*. For example, if one hundred candidates were present at the first session, and twenty passed the Board, the eighty who failed could go home, study hard, and present themselves for examination at the next meeting. If eighty per cent. failed a second time they could resume their studies and try it again. And, as the war lasted over four years, all the unsuccessful candidates of the first, second and third years, had ample time to qualify themselves for passing the Board, and many have done so eventually."

But this is proposing to meet an issue we never made. We never proposed to show how many "examinations" were successful. We undertook to make issue with this report, not in regard to "examinations," but in regard to "the graduates of regular medical colleges examined."

Let the reader carefully note the state of the case, that he may comprehend clearly what the issue is.

When the demand for military surgeons arose, certain gentlemen chose

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to enter the service. Before they could be legally commissioned, they had to appear before a Board of Medical Examiners, be examined, and get an approval. A greater or less number of these were approved on a first, second, or perhaps rarely on a third examination. (Only two examinations were admissible under the rules of the first and second Board.) Now, after the war is over, and the regiments are disbanded, the Surgeon General of the State, in writing his Annual Report, gives the result of these examinations in the following language: "None but graduates of regular medical schools were admitted to examination, and yet over eighty per cent. of these were rejected for incompetency." Not over "eighty per cent. of the 'examinations' made were attended with rejection, but of 'the graduates of regular medical colleges examined, the action of the Board was such that at the time of his writing, as its final action,' more than eighty per cent., 'stood rejected for incompetency.' That the author of the Report never thought of meaning anything else, is perfectly evident from the sweeping denunciation that follows: 'and these rejected candidates' the 'eighty per cent.' just spoken of 'are *now* scattered over the State, pursuing their fatal trade with criminal recklessness.'" They still stand rejected. But this language is too plain to be made more so by an effort at interpretation.

We suppose the reader now understands the issue, and if he has read our former communications, whether we have met it.

The only plea that materially affects the question at issue is one that the communication does not enter, viz: that this 936, as indicating the number of Surgeons and Assistant Surgeons supplied by Ohio, is a mistake. As a matter of fact, Ohio did not furnish 936 individuals who acted in the capacity of Surgeons and Assistant Surgeons, but 792. But as she did not, this Report should not have so stated. Or if there is any explanation it should be adequate and obvious as such, and not put the matter in such shape as on its very face to leave almost the entire profession under the official ban of rejection for incompetency. This is the very thing complained of, that in this and other vital particulars this Report is a *batch* of mistakes, and all at the expense of the profession.

But now for the sake of argument, let us suppose that this was such a mistake as might occur in spite of reasonable care and diligence; that in and of itself, it is, even in an official document, an excusable error. Give the Report the benefit, too, of the two deductions fairly gained by the first of the above arguments, and let us see to what extent these corrected data improve the condition of the profession of Ohio.

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Leave out of the count, too, 154 contract Surgeons, and 46 Surgeons of U. S. volunteers.

The actual number of individuals who acted as Surgeons and Assistant Surgeons, and who were supplied by Ohio, every one of whom, so far as can be ascertained, was examined, is 790 (792—2=790.) Now using this 790, and the 80 per cent. rejected, as the basis of the calculation, and we have more than 3,160 "graduates of regular medical colleges" "rejected for incompetency," and more than 3,950 examined, neither of which can possibly come within thousands of being true. There is no resisting the conclusion, from the statements of this Report, accordingly, *that the whole profession of the State*, exclusive of the 790 individual examined and commissioned, *are to-day under the ban of official rejection for incompetency!* With the exception given, according to this monstrous document, *the whole profession of Ohio, "and hundreds of others equally incompetent, are* NOW *scattered over the State, pursuing their fatal trade with criminal recklessness;" "and the testimony is as damning in character as it is crushing in weight!"*

And this is the official medical record of Ohio in the great rebellion.

And now in reference to the action of the Ohio State Medical Society.

About the first that was known of this remarkable Report, was learned through the two principal daily newspapers of Cincinnati. They both published the paragraphs so offensive to medical men, with a suitable exhibition of exclamation points. "And hundreds of good men hung their heads in shame that day." Still not a word of defence was offered. Weeks passed away. Montgomery county had been heard from in the shape of this Report: and now there was the muttering of distant thunder, and Montgomery county was heard from again. It was in the form of a hearty endorsement. The profession was told plainly that this Report must be swallowed. "From this official record there is no appeal; from this evidence furnished by stored experience there is no escape; and the testimony is as damning in character as it is crushing in weight." But the medical profession of Ohio respectfully declined to recognize the autocratic pretensions of Montgomery county, or quietly to submit to a "damning" or "crushing," or to yield its right of "appeal." It appealed to the organized embodiment of itself, the Ohio State Medical Society. It did it in the form of a simple protest, couched in mild but plain terms, against certain specific statements contained in this Report, It took public and formal action in regard to a public document, that tended to impair the self respect and the personal and professional standing of medical men, that had been heralded in channels outside of the professional ones, through

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the State. In the spirit of forbearance and magnanimity, it uttered not a word of complaint, or hinted at "discipline," against its author, who, whether intentionally or unintentionally, had used an official position in such a way as to inflict such an injury upon the whole body of the profession, as inflicted upon its humblest member, and unretracted, would have constituted adequate ground of expulsion.

And when the Ohio State Medical Society, after earnest and full discussion, in as full a meeting as it had at its late session, deliberately, emphatically, unanimously, and with every becoming degree of respect, assumed to exercise the humblest privilege of the humblest, the right to record its protest against this official "damning" and "crushing," saying in effect "If your Gracious Majesty please, not so, Montgomery county," then Montgomery county was sorely afflicted, put on sackcloth, resolved, and rent the truth in several important particulars!

Montgomery county is a peculiar and extensive institution. The Surgeon General of Ohio, as is his right and privilege, graciously takes snuff; the Surgeon General of Ohio, as is his right and privilege, graciously sneezes; and Montgomery county, as is her right and privilege, graciously sneezes too.

The State of Ohio is to be found somewhere in Montgomery county.

In conclusion, we do not propose to contradict the account contained in the communication of last month, or that in the Cincinnati Gazette of the 18th ult., of the manner in which, and the circumstances under which, the Medical Society took its action in regard to this Report. We prefer to leave this exactly where these communications leave it, so that the author of them may have the admirable opportunity thus presented to him, of commending himself to your readers as a conscientious, honorable, and high-minded man, by making such slight inquiry as may be necessary to reach the simple truth of the matter, and then cheerfully retract the whole of it. Any thing less than this will do injustice to his character as a gentleman.

Neither do we propose, by way of retaliation, or from any cause whatever, to use any such words as "plot," "fraud," "malice, or "unworthy motives." These are naughty weapons to handle. Like rusty shot guns, they shoot to very little purpose at the muzzle, but are liable to be terrible on the fellow at the breach.

J. W. HAMILTON.

COLUMBUS, July 30, 1867.

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BAXTER ON MUSCULAR CONTRACTION AND MUSCULAR POWER.—In the last number of the *Archives of Medicine*, edited by Dr. L. S. Beale—not Sir Lionel Beale, as one of our respected medical friends has published the name, and by the way we can well imagine the embarrassment and annoyance which Dr. Beale, comparatively youthful and positively modest and retiring, would experience at being addressed as "Sir Lionel,"—contains some interesting investigations by Mr. Baxter, in reference to *Muscular Contraction and Muscular Power.*

Mr. Baxter's experiments were made upon frogs, both male and female, and at different seasons of the year. We can present but two extracts, the first relating to the vexed question of the relation between nervous force and electricity, and the second, to the increased nutrition of a muscle from increased action thereof, together with the general conclusions resulting from the investigation.

We are brought to the consideration of the question, that if the contractility of a muscle be a property of the tissue, independent of the nervous system, in what manner does nervous influence cause contraction? Since it has been shown that electricity is associated with the nervous tissue, it has been naturally supposed that this electricity of the tissue must have an important influence in muscular action. that currents of electricity are developed during nervous action; which react upon the muscular tissue and thus cause contraction. My own investigations have led me to the conclusion that it is not through the medium of the *electricity* of the nerve that nervous action takes place; nerve force is a force *sui generis*, capable of reacting upon electric force, but does not generate it. Nerve force reacts upon the electric force of the muscular tissue, in the same manner as it reacts upon the electric force in the electric organ of the fish; and during nerve action electricity is evolved in the latter as well as in the former, when it is also accompanied with muscular contraction as one of the resultant effects. Although a most intimate connection exists between nervous power and muscular power, we cannot say that nerve force is converted into muscular force (electricity,) inasmuch as the muscular power preexists, and is independent of nervous power, hence contractions may arise independent of nervous agency. * * * * *

There can be no doubt that an increased action of a muscle is accompanied with an increased nutrition. I do not, however, believe that the making and unmaking, the formative and the disintegrating processes takes place so quickly and successively as is sometimes supposed; *time* is evidently required to effect the necessary changes. The subject, however, receives additional interest at the present time, inasmuch as the question of the application of the principle of *Conservation of Force* to physiological phenomena is now being brought prominently forward. These facts go far to prove that the principle may be safely applied to physiological phenomena, and at the same time also show the inconsistency, if not absurdity of regarding the animal machine as nothing more than a mere thermo- or electro-dynamic apparatus.

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I will briefly recapitulate, in a general manner, some of the most important conclusions that have been established in the foregoing inquiry in regard to the muscular power of the frog.

1. Out of thirty frogs taken indiscriminately during the latter end of the month of March and the beginning of April, 1864, 1 gr. weight of muscle could raise, in round numbers, 445 grs. through the space of $\frac{1}{53}$rd of an inch; whereas during the summer months (the latter end of June and the beginning of July, 1863), the power of 1 gr. of muscle was equivalent to or could raise 608 grs. through the same space.

2. That during the summer months the power of the male was equivalent to 1 gr. raising 656 grs., and in the female 1 gr. could raise 579 grs. But during the spring months, in the female 1 gr. could raise 484 grs., whilst in the male 1 gr. could raise only 431 grs.

3. That the sexual function has an important influence over the muscular power, for in those males that were copulating up to the time of experiment, 1 gr. could raise 413 grains, whereas in those that were not copulating, 1 gr. could raise 448 grs.

4. That during muscular action an increase in weight and vascularity occurs in the muscles.

Preservation of Sulphuretted Hydrogen in Solution.

At the last meeting of the Pharmaceutical Society of Paris, M. Lepage, of Gisors brought forward a process which he has adopted for preserving solutions of sulphuretted hydrogen. All chemists know that this useful reagent cannot be preserved long in aqueous solution. The author has adopted for some years an artifice which enables sulphuretted hydrogen solution to be kept for twelve or fifteen months with scarcely any loss of strength. Instead of using water, he saturates a mixture of equal parts of pure glycerin and water with sulphuretted hydrogen gas, and uses it in the ordinary manner. None of the reactions are interfered with in the least, whilst the solution possesses almost perfect stability. The dilute glycerin dissolves less gas than distilled water will; representing the solubility in the latter liquid by 100, that in the former will be 60.—*Chemical News, July*, 1867.

Baron von Liebig read* a note "*On an Alimentary Preparation for Replacing Human Milk for Children.*" Human milk of a person in good health contains, per cent. caseine, 3·1; sugar of milk, 4·3; butter, 3·1. Baron von Liebig concluded therefrom that woman's milk contains:—Blood-forming principles, 1 part; heat producing principles, 3·8 parts. By mixing flour and milk in certain proportions, it is easy to compose a food in which the two nutritive principles are in the same proportion as in human milk—viz. 1 to 3·8. Cow's milk contains, on an average, 4 per cent. of caseine, 4·5 of lactose, 2·5 of butter. If we take, then, 10 parts

* Academy of Sciences, Paris, May 20, 1867.

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of milk, 1 part of wheat flour, and 1 part of ground malt, we have a mixture satisfying all the necessary conditions. For preparing this, the author recommends the following method:—A mixture is made of 15 grammes of wheaten flour, 15 grammes of ground malt, and 6 grammes of bicarbonate of potash; 30 grammes of water and 150 grammes of milk are then added. The whole is then heated and continually stirred until the mixture begins to thicken. It is then taken off the fire, and stirred all the while. After five minutes it is boiled, and then strained through a wire or hair sieve. The ground malt necessary for this preparation is easily furnished by barley malt, obtained at any brewery. It can be ground in a common coffee-grinder, and then passed through a sieve. If this preparation is well made, it is sweet as the natural milk; it is fluid enough, and keeps for twenty-four hours. In Germany, the use of this food is very extensive, and its nutritive qualities are found to be excellent. It has a slight taste of flour or malt, to which children get accustomed—in fact, they soon prefer it to any other food.—*Chemical News, July* 1867.

Herbalism in 1867.—Next to bonesetters, perhaps the most favored class of offenders that comes before a British jury is that of the herbalist. There is a charm in the mere name which disarms law and tempers judgment. It is so potent that the herbalist may be unfaithful to his name, and use the most irritant mineral substance in the most doubtful circumstances; and yet, after a "brief" consultation, the jury will be apt to find him "not guilty," to the ill-suppressed satisfaction of a sympathetic court. This is one of the ultimate facts of English law courts, illustrated by many previous cases, and lastly by the case of Isaac Chamberlain, the herbalist, of Hertford, who, at the late assizes there, was "charged with the manslaughter of Mary Anne Parish, by administering to her an ointment containing arsenic." It is always a hopeless thing to quarrel with ultimate facts; and we have no intention of doing so in this case. It is not for the medical profession to complain if English law and English feeling authorize the bonesetter and the herbalist to take medical and surgical liberties with the human frame. This is the business of the public. Let us use Mr. Chamberlain's case, however, chiefly to learn the present condition of the science of herbalism.

Mary Anne Parish had for years before her death a tumor over the right shoulder blade, and on the suggestion of her friend, Emma Knowles, went to consult Chamberlain. According to the evidence of Dr. Taylor, the tumor was not a cancer at all, but a simple encysted tumor. Not so thought Mr. Chamberlain. He pronounced the swelling "a cancer tumor, and said he could do it good." His first thought, apparently, was to absorb it, upon which view he gave calomel internally, and applied perchloride of mercury externally in the form of ointment. His second thought, months after the first, is not so easily to be understood, but it led him to prescribe for the patient a brown ointment, containing in every seventeen grains two and a half grains of arsenic, or about one-eighth. We do not stop to descant upon the *herbalism* of this practice. We have to do with the history of the case. The patient got rapidly worse. She exhibited all the symptoms of chronic arsenical poisoning; she was "feverish and weak, and suffered from sickness and looseness of the bowels; there was

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nervous excitement; a rash on the wrist." These symptoms were spoken of by Mr. Edward Pope, who was called in on the 5th of September. On the 7th she was weaker; the pulse small and irregular; a severe convulsion occurred, followed by two others, in the last of which she died. The post-mortem was not less indicative of arsenical poisoning. The coats of the stomach and of the intestince were inflamed in streaks, and there were traces of arsenic in the stomach, though very little in the liver.

For the defence these facts were not disputed. Serjeant Parry maintained that up to 1843 neither the medical profession nor Dr. Taylor knew that arsenic, externally applied, was absorbed into the system! We may safely leave Dr. Taylor to defend himself; but for the profession we must say that the poisonous action of arsenic applied to sores, or even to the skin, has been well known for a much longer time. The principal point of the defence was that the ointment had been rubbed into the tumor night and morning, instead of simply being put on it once a day. As the judge pointed out, this poor woman lived thirty miles from the herbalist, and at the end of only a fortnight was supplied with a second box, the prisoner making no inquiries. But the defence was sufficient, Serjeant Parry enforcing it by observing, in answer to the argument that arsenic was not so used nowadays by the profession, that old remedies came up again sometimes, and that "he need not remind the jury that the quack of one age frequently became the accredited teacher of another age."

We need not dwell on a case so suggestive. The whole fraternity of herbalists must be rather disconcerted at the light which the case lets in on the herbalism of 1867. Mercury and arsenic are queer tools for men of Mr. Chambertain's class to be using. The public has merely a right to insist that herbalists stick to herbs.—*Lancet, July 27th.*

Greater Liability to Insanity of Women than of Men.—In the *British and Foreign Medico-Chirurgical Review*, July, 1867, will be found part of an excellent monograph by Dr. J. Crichton Browne, on the *Etiology of Insanity.* In concluding the consideration of the Influence of Sex, Dr. Browne writes as follows:

The most casual observation demonstates that those hidden primordial laws which in the first instance determine the sex, continue to regulate after-existence, and create a divergence, which is, perhaps, even slowly widening from the cradle to the grave. In man, we find that greater strength and firmness of conformation and durability of texture which fit him for the active part which he is to play in the world, as the bread-winner, the protector, and the soldier of progress. His bones and muscles are larger and coarser, his brain is heavier, his nerves are everywhere stronger, his maturity is later, the vitality of his blood is more intense, his respiration is more vigorous, and his heart and arteries are more capacious and active. On the other hand, his reasoning powers are of a more elevated order, his imagination is more ascendant,, his passions are more forcible and impulsive; while his emotions are less susceptible, are occupied more with abstract or ideal objects, and are more under the control of his far stronger will. In woman, again, we observe a greater softness of the tissues and movements, and delicacy in the organs and

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functions. Evolution is earlier; the nervous system is more excitable, its receptivity is greater, its reaction less. The absorbent system is more active, the circulatory more fluctuating, and the contents of the pelvis are especially important, from their volume and relations. The sensory, the involuntary, excito-motory functions, the perceptive faculties, the emotions and instinctive feelings, predominate in activity, and all these converge towards the one crown and center of her life—sexual love. In consequence of his frame and faculties, and the part assigned to him in the world, man is more exposed to that wear and tear of the nervous centres which is implied in the active pursuit of the business of life in these pushing and striving days. He is more exposed to dangerous accidents, he is more frequently addicted to drunkenness, and is more profoundly affected by sexual excesses. As we might expect from these circumstances, and also from the greater elaboration of his nervous system, we find him much oftener suffering from severe organic lesions of the brain, and having certain fatal degenerations of the nervous centers almost peculiarly his own. Upon the same principle, we find him more liable to degeneration of the blood-vessels, which is also a fertile source of mental disease. Woman is destined to live within a narrower sphere, exempt from anxious vicissitudes. She is quieter and more equable in her habits; but the immunity which these conditions might confer is more then counterbalanced by her partial and injudicious education, by her warmer and keener sensibilities, by the social restraints placed upon her desires, and the disappointment, chagrin and fretfulness which are thus engendered, by the want of healthy objects in life, from which she often suffers, by the unhealthy amusements which she accordingly adopts, and, above all, by the extent and delicacy of her sexual relations. The singular sympathy which in her subsists between the generative organs and the state of the encephalic circulation disposes her particularly to dynamical mental derangements, and makes her liable, in fact, to a whole class of disorders of the mind peculiar to her kind. Her nervous sensibility, too, combined with the high importance of the critical epochs of her life, exposes her to another class of similar ailments. She has further allotted to her a special liability to insanity in connection with the puerperal state. Every asylum contains many cases in which the influence of sex and the sympathy of the brain with the sexual functions are clearly marked. I will only now repeat that women seem, upon the whole, to be more liable to insanity than males, but that the mental disorders from which they suffer are more curable than those of the opposite sex.

Correction.

ED. WESTERN JOURNAL OF MEDICINE:—I desire, through your pages, to correct an error which appears on page 126 of the Transactions of the Indiana State Medical Society for 1867.

Under the heading "Table of Cases of Tracheotomy in Diphtheria," R. E. Haughton, M. D., the author is credited with five operations, one

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recovery and four deaths. This is an error caused by the transfer of figures from one column to another, and the wrong insertion of the name, in putting the article in type, and was corrected by the author, but his corrected proof sheets came to hand after the form was printed. The entire line should be stricken out.

Yours, etc. L. D. WATERMAN,
Sec. Ind. State Med. Sdciety.

The Therapeutical Value of Mercury. By JAMES GREY GLOVER, M. D., Edin., Honorary Medical Officer to the Holloway and North Islington Dispensary.

No department of medical science has undergone more change than the therapeutical department. In not a few of the best minds in the profession there is a great loss of faith in the utility of medicines, properly so-called; and the only materia medica believed in is food and air. This scepticism is only excusable as a rebound from the credulity which, on the flimsiest grounds, credited all sorts of substances with mysterious actions on the human frame. It is quite true that the whole theory of the action of medicines will have to be reconsidered. It is also true that the study of the natural history of many diseases has shown the uselessness, to a great extent, of medicines in them. But, if I am not mistaken, facts enough will emerge from the present chaos of therapeutics to show that medicines are of the greatest utility in disease, and that the physician who uses them judiciously, and in a spirit of faith has really very much the advantage over the physician who sits down by the bedside as a mere student of disease. It is very desirable to ascertain the extent to which disease will get well of itself; but it is possible to over-do the experiment which is to determine this. Our business as physicians, after all, is not with the natural-history of disease, but with its history as encountered by art and opposition. Not a few of us would altogether decline to be physicians on the natural-history view of our duty. The natural history of a surgical operation is a very discreditable history as compared with the history of the same operation modified by the medical discoveries of chloroform and the ether spray. And so, without professing to have altogether escaped the medical scepticism of the time, I believe the natural history of many a disease greatly inferior to the history of the same disease judiciously opposed by medicines as well as by food. Without further preface, and designing to be brief in the few articles I may write on the therapeutical value of drugs, I shall begin with.

Mercury—And I shall say at once that I think few medicines have suffered more in reputation by the recent bold innovations in medical practice than mercury. It had a wonderful name for two powers: an anti-syphilitic and anti-inflamatory power.

The *anti-syphilitic power* it certainly possesses. There is, perhaps, not a more remarkable or inexplicable fact in the whole practice of medicine

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than the effect of mercury in modifying and removing the phenomena of constitutional syphilis, especially in the infant. But it is certain that we do not see now-a-days such bad cases sf syphilis as used to be seen, and that this improvement in the character of the cases coincides with the greatly diminished use of mercury. It is also certain that many syphilitic symptims, such as iritis, ulcers of the mouth, skin eruptions, do well without the use of mercury, and that cases of constitutional syphilis do most satisfactorily without the medicine which used, a few years ago, to be thought indispensable in this disease. It is, perhaps, yet to be determined, whether the syphilitic poison is eradicated so thoroughly and so quickly in cases in which mercury is withheld as in others. In truth, a great many years are necessary to determine this point. But, in the meantime, it seems to me that many cases of adult syphilis will give great satisfaction to the medical practicioner and to the patient without the administration of mercury. I am not so sure about infantile syphilis, and I can not yet resist the pleasure of giving an unfortunate infant with snuffles and coppery blotches, with puckered mouth and sore anus, mercury with chalk in small doses, or of applying the mercurial ointment dermically—measures which I take with almost perfect confidence that the snuffles will disappear, the skin assume a healthy appearance, and the child come to look healthy and plump, instead of old and wrinkled. A remedy that can produce such effects is not one to be lightly rejected on any sentimental grounds. Much of the prejudice against mercury has been rather sentimental than scientific.

As regards the *anti-inflammatory power* of mercury, the break down in its reputation seems to be much greater than in the case of its anti-syphilitic properties. There are some inflammations, such as pneumonia, in which it has been much given, in which I believe it to be very unnecessary; and others, such as the peritonitic and the dysenteric, especially the latter, in which I believe it to be most irritating and injurious. I confess that my own experience of the use of mercury is largely negative. But I am constantly seeing how well inflammatory exudations fare and how completely and promptly they disappear, without the administration of a grain of it; how promptly, in other words, they are absorbed, without using the medicine which, for its absorbing qualities, was thought irreplaceable and indispensable. Various cases have impressed me with the harm done in dysenteric conditions of the mucous membrane by mercury. Of course, this remark only applies to the dysentery of our own country. But I shall be much surprised if it does not turn out to be true of the severer dysenteries of other countries. If the antiphlogistic powers and uses of mercury have been greatly disparaged of late years in the acute inflammations, the drug has gained nothing in reputation in regard to those slower and more insidious changes of nutrition which has been too long known under the name of chronic inflammations. A much more accurate name for such changes would be degeneration, affecting the great excreting glands, the blood vessels and the substance of the nervous centers, the heart and great vessels. And the cases must be rare indeed in which mercury can be given with benefit, not to say impunity. In the treatment of the continued and remittent fevers, few medical men now use mercury, or would agree with Dr. Corrigan in the opinion ex-

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pressed in his excellent lectures on fever, that mercury holds the first place as an alterative in this disease, and that "of all medicines, it is that which appears, under almost all circumstances, to have the most certain power of restoring to health the elementary functions of nutrition."

There remain various and other internal uses of mercury for more trivial purposes, in regard to which it is enough to say that this medicine is less and less used, and I believe wisely so. Besides these there are the external and local uses of various preparations of mercury, which are among the most useful and the least objectionable modes of employing it—as, for example, the use of the mild citrine ointment in chronic eczema, of bichloride of mercury in acne, of black wash in chancres and other ulcers, &c.

It may be thought that I have not found much in the case of mercury to justify a high opinion of the therapeutical value of medicines. But this is only one medicine, though it certainly is one that has had a rare reputation. Moreover, the power of—we might almost say—curing some forms of syphilis remains, and is one of the most curious facts in medical science, I might almost say any science. The progress of therapeutics is only likely to bring about a more precise definition of the power of mercury and of the cases in which it is beneficial; not its entire disuse.—*Lancet, July* 20, 1867.

Suicides in Vienna.

Very alarming reports are received from Vienna of the frequent recurrence of suicides in that capital. The general opinion on the Continent is, that Londoners are so afflicted with fog and wet that they commit suicide out of spleen. Certainly no such reason can be given for suicides in Vienna; for the Viennese are known to be the most lively and cheerful people in the world—not affectedly so, like the French and Italians, but really sincere in their love of incessant amusement. Therefore every one is at a loss to conceive why they, of all people, should make themselves notorious by such numerous cases of self-destruction. A curious case happened the other day, a short distance from Vienna. A man shot himself on the boundary between two communal districts, and was found lying across the frontier line. The question arose under the jurisdiction of which body of police was the *corpus delicti*. After a great deal of discussion the affair was brought before a magistrate, who decided that the jurisdiction lay with that district in which the man's head was situated. The police of the district, Boehring, thereupon removed the body.—*New York Medical Journal, August*, 1867.

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SPECIAL DEPARTMENT.

Communication from Dr. Seely.—Concluded.

Within the capsule no such sheathing processes exist, and the muscles run free from the point of perforation till near their insertion in the sclerotic, where an union with the capsule takes place. The conjunctiva, the capsule, and the sclerotic are closely united for a zone bounded in front by the circumference of the cornea, behind by the insertions of the recti muscles. From this zone to their perforation of the capsule, the muscles glide between the capsule and sclerotic, and interrupt the union of these two membranes, which is made by a light connective tissue. He thinks it is this irregular, light connective tissue that has given rise to the description of the muscles as enveloped in sheaths up to their insertion in the sclerotic.

The existence of this sheath he denies. His *resume*, now, of the anatomical points will be sufficient for our purpose.

1. The straight muscles have two points of attachment with the capsule of Tenon: the first is at the point of perforation in the posterior capsule, the second at the point of insertion of the muscles in the sclerotic.

2. The conjunctiva adheres to the external surface of the capsule from the corneal margin to the periphery of the zone above described.

3. The caruncle and semi-lunar fold rest on a band which extends from the capsule to the border of the orbit. When the eye is adducted by the contraction of the internal rectus, this same contraction exercises, on the one hand, tension upon the ligament which supports the caruncle and draws it towards the orbital wall; on the other hand, draws backwards the anterior capsule and with it the conjunctiva and external border of the caruncle, in this manner preventing a falling forwards of the conjunctiva, for the reason that this latter membrane follows the movements of the globe as far back as the line of attachment, and also on account of the union of the capsule and muscles over the insertion of the latter.

Now, from No. 1 of this anatomical *resume*, it will be seen that a displacement of the tendon can only occur with a displacement of the capsule, so that were it possible to divide the tendon without injuring the capsule, the effect would be *nil;* but, as from their intimate union it is

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impossible to divide the former without implicating the latter, a greater or less displacement backwards necessarily follows every such division.

Following out the reasoning from his anatomical basis, the displacement may be increased by a wider division of the capsule, but of course, recalling the intimate relation between the capsule and conjunctiva, as seen in No. 2, to get much effect the latter must be divided also, in which case, from the intimate relation of the muscle, caruncle, semi-lunar fold and conjunctiva, as seen in No. 3, the latter three must suffer a displacement backwards corresponding with that of the muscle.

Here are the advantages he claims for his operation:

1. A great freedom and latitude for apportioning and regulating the effect of strabotomy.

2. Avoidance of a sinking of the caruncle and the cicatrices sometimes the result of the old method.

3. The possibility of correcting the highest degrees of squint by two tenotomies, hence avoiding more than one operation on the same eye.

The operation is as follows:

After making a small incision, vertical or oblique, in the conjunctiva, penetrate with the scissors between the capsule and the conjunctiva, carefully separating these two membranes up to the semi-lunar fold, which, as well as the caruncle, detach from the subjacent parts. In this way the conjunctiva and caruncle become independent of the muscle and that part of the capsule which controls the displacement. The division of the tendon must now be made in the ordinary way, to be followed by an enlargement of the capsular incision upwards and downwards, regulated carefully by the necessity, as on the extent of this enlargement depends the greater or less effect of the operation. The wound in the conjunctiva is then closed by one or more sutures.

By this means the author says it is possible to produce a correction of 2½ or 2 lines and less, as by the ordinary operation, or of increasing the effect so as to correct 4 lines or more in adults, and 5 lines or more in children. Still it is only exceptionally that we correct so great a deviation with a single tenotomy, preferring rather to distribute the effect between the two eyes, reserving so large an operation for cases where the power of adduction is very great, and the palpebral opening is not wider than that of the other eye. He is more frequently satisfied with a single tenotomy, when the deviation does not exceed 3 lines in adults, and 4 lines in children. He lays some stress on the careful insertion of the sutures so as to adapt perfectly the lips of the conjunctival wound.

The possibility of correcting the highest degrees of squint by two tenot-

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omies, (one on either eye,) he considers the most important advantage of his operation.

The operation as I saw it in London, was extremely tedious, and the results by no means so brilliant as to remunerate for the trouble.

Its reception, so far as can learn, has not been flattering, possibly prevented by a little cumbersome theory, a little incredulity in regard to the anatomy, and last but not least, the difficulties in its performance.

Of course here is a rich field for cataracts, and one sees them extracted by all methods, the old "corneal flap," "scoop," "Græfe's linear," etc.

There seemed to be no favorite operation; each surgeon proceeding as his whim or accidental feelings prompted, apparently the Græfe method was exciting no more enthusiasm than was displayed last summer at the meeting of the Ophthalmological Society in Boston, which was by no means sufficient to gratify the originator, judging from what I have seen at his clinic, and of which I will come to speak by and by.

The old rule of turning the knife at right angles before the corneal flap was completed, had already met the fate that awaited it at the hand of the author himself. It was a rule produced more by the rigid demands of mathematics, to which every thing German must respond, than by experiment *per se;* and, as after all, the latter is what reigns in the non-exact world, it had to yield, and on arriving at Berlin, almost the first remark made by Prof. Græfe was, that he "now made the operation a little differently;" this little difference, as I found, being not turning the knife till the corneal flap was completed, and that which is now his grand idea, the removal of the lens by pressure on the lower part of the cornea by means of a very flexible rubber scoop. The following is a description of the "modified linear extraction" as now made.

The knife is passed in a little back of the sclero-corneal junction, and a superior flap made in dimension corresponding, (about,) with a third of the cornea. The iris is then excised to the extent of the flap, and the capsule thoroughly lacerated with the cystotome, after which the lens is forced out *by pressure on the lower portion of the cornea.* This is the operation a visitor at the clinic of the learned Professor, at this season of the year, will see eighteen or twenty times a week. He seems to be particularly pleased with his results since the introduction of the new method of removing the lens, and not without reason, for I think out of eighty or ninety cases, he has not had a failure. I will not deal in statistics, as in due time they will be given, and I think will be more satisfactory than those previously produced, so that those who are waiting for "further light" before venturing on the new coast, will be quite assured, and when they

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have once quite given over their "old love," no disagreeable longings will return.

During the first weeks of my visit, I had the pleasure of meeting Dr. Weber, the originator of the so popular method of treating strictures of the nasal duct, and of seeing him perform his new operation for cataract. The operation has certainly one great fact to recommend it, viz., the ease with which it is made—and if I mistake not this is the chief advantage claimed over the "linear extraction."

Prof. Græfe gave him six or eight cases, in all of which the success was beautiful.

The ease with which the incision is made, is entirely due to the peculiar knife used. It quite resembles a large spear-pointed iridectomy knife, the blade bent at an obtuse angle with the handle, but, instead of being flat, the two slightly rounded angles are made to approach each other, so one side is convex, the other concave, the degree of concavity corresponding with that of the globe at the point of the incision. The knife is passed in from above, a little back of the sclero-corneal junction, precisely as if only a large iridectomy was in view. The iris is next excised to correspond with the wound, the capsule lacerated, and the lens received in the bowl of a little scoop, with which pressure has been made against the posterior lip of the wound, the escape being aided by a little pressure on the lower portion of the globe by means of the fixation forceps.

The readers of Graefe's Archives will find in the forthcoming number a detailed account of the operation, with statistics. From what I have seen of it, and know of the statistics, I can recommend a careful consideration of its claims. I only offer the reader, as an excuse for the monotony of so many words on the subject of cataract, its importance. It is well known that by the old couching, etc., methods, fifty or more per cent. of the eyes were lost sooner or later; that by the corneal flap extraction, an immense stride was made in advance of this. Still, as by this method, rom ten to twenty per cent. of losses occurred, there was certainly room for another stride equally great, before a flattering degree of perfection was reached. And I can not but feel that in the two operations I have described, which, so far, have met with a success nearly, if not quite, perfect, the third degree has been attained.

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EDITORIAL AND MEDICAL NEWS.

BEAR YE ONE ANOTHER'S BURDENS, is not only an injunction of Divine wisdom, but likewise the dictate of the best worldly policy. As man is naturally a social animal—"more political than any bee or ant," Aristotle has said—he is brought into intimate relations with his fellows, relations of mutual help and dependence. And as in the great vortex of society, so in the lesser vortices there is a power which determines those persons of similar pursuits into greater intimacy of relation: community of interests will secure community of association. And by this association the individual is not lost, merged in the mass, but simply rendered stronger, more efficient in any sudden or severe emergency which may befall him, because of the assistance which he can invoke.

It is needless to tell physicians of the many and heavy burdens they are called to bear, burdens which are not lightened with advancing year s burdens many of them which no one else can assume, but some of which they can be helped in bearing by one or another of their professional associates. Many a time we need each other's counsel, support and sympathy; and the physician who thinks his unaided skill adequate for all the emergencies of professional life, greatly over-estimates that skill, or under-estimates those emergencies, and may one day find himself sinking under a load which he might successfully bear with the help of others, but which coming upon him alone may prove his ruin. Such a course, too, in antagonism, we believe, with the better impulses and with the true instincts of our nature, may beget a disposition to disparage the abilities and attainments of other practitioners. The man of true knowledge and the largest information feels most sensibly his weakness; is conscious that his knowledge is little in comparison with his ignorance; conscious, likewise, of his own fallibility, he would rather conceal than expose to ridicule and contempt the errors of a brother practitioner who is heartily striving to do his best; such a man, too, for his own sake, for he knows not how soon he may need from other hands similar help, for the sake of his fellow physician, and above all for the sake of Medicine itself, which cannot suffer even in one of its weakest members without being itself weakened and having reproach brought upon its name, will whenever occasion offers bear another's burden.

How much more we might do to promote our own happiness, usefulness and honor, did we always charitably judge the errors or failures or

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all the members of what should be a fraternity; kindly forgive the real or imaginary wrongs we have suffered; preserve the utmost catholicity of spirit in reference to certain opinions and acts which may not correspond entirely with our own; patiently trust to the unanswerable logic of correct lives and the calm voice of the just Future to vindicate our reputation from unjust aspersions; with hopeful words and helping hand sustain and strengthen each other, bearing one another's burdens! Life is very short, the appeals from the suffering for larger science and more successful art very many—too short the one, too earnest the other, to indulge a jealous, envious thought, or waste a single hour in unseemly strife—in a word, to do anything but that great work to which the physician has consecrated all his powers of mind and body. Medicine is indeed, as one of our great masters has declared, one of the meanest of trades, or one of the noblest of professions; and we may add it is with each physician to choose which it shall be to him—trade, or profession.

Some points to which incidental allusion has been made in these hurried remarks, we think worthy of being more fully stated and enforced; and this we will do by a few brief quotations from some professional celebrities, men celebrated not only for their attainments in Medicine but likewise for their virtues.

"Of all the causes," says Simon, "which have contributed to lower the medical profession in public esteem, the suspicious jealousy of medical men, their want of a right understanding amongst themselves, which amounts to declared hostility, is the most effectual."

"The quarrels of physicians," says Gregory, "when they end in appeals to the public, generally hurt the contending parties; but what is of more consequence, they discredit the profession, and expose the faculty itself to ridicule and contempt."

"When you come to practice," says Dr. Hope, in one of the concluding lectures of his course, "be most careful to shun the habit of depreciating other practitioners. The reflection which invariably flits through the patient's mind, is that envy and jealousy influence you, and thus you not only degrade yourself, but the profession. One who indulges in this habit can not have a very fine perception of the principle of justice. And a slander, nay an insinuation, a look, a shrug, may be as great an injustice as a direct robbery."

"Oh! that I were able," says Hufeland, "to impress the minds of my brethren with the truism as forcibly as I am penetrated with it: he who degrades a colleague degrades himself and his art. For, in the first place, the more the public becomes acquainted with the faults of physicians, the more will physicians become exposed as contemptible and suspicious, and

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the more will such exposure impair confidence; and confidence in the whole body being diminished, every single one, and the censurer included, will lose a share of it. The public would be less prone to censure the medical profession, and its faults would not be a favorite topic of conversation, if the members themselves did not broach it, and set the bad example. It shows a short-sighted selfishness and want of all common spirit, when a physician acts in such a manner, and thereby hopes to raise himself in the same proportion as he degrades others. Further, such conduct is in opposition to the first principles of morals and religion, which command us not to lay bare the faults of others, but to overlook and excuse them."

IN OUR NEXT ISSUE we hope to present a review of the *Transactions of the State Medical Society of Indiana* for 1867.

In this connection we ought to state, in justice to Dr. Kersey, that the allusions made in his address to a medical journal in this State, were written when he had not heard that an effort would be made to transfer the CINCINNATI JOURNAL OF MEDICINE to Indianapolis. We make this statement most cheerfully. At the same time we believe the address would have been better had these passages been omitted; and we just as much believe had such omission taken place, and had two or three speeches by gentlemen who neither favored nor directly opposed the establishment of a medical journal in Indiana, been likewise omitted, it would not have been left to about one-third of the members of the State Society present, to pledge themselves for subscribers. Nevertheless, we can trust that all these things will in the end work for good; and we freely accord to Dr. Kersey in all that he said and did, the best of intentions and the utmost honesty and frankness of purpose.

WE HAVE received many most encouraging and complimentary letters in reference to the July number of our JOURNAL, from medical gentlemen both is this and in other States, gentlemen whose opinions we respect most highly. We believe that the issue for this, will be pronounced quite equal if not superior to that of last month; and we hope that each month we may be able to say, *Nulla vestigia retrorsum.*

IT IS stated in the LANCET, July 13th, that a gentleman who has lately recovered from a serious illness offers the munificent reward of £2,000 to any person who, between the present time and the 1st of July, 1868, shall discover a mode of *permanently* and completely extinguishing pain in all, or nearly all, cases; the said means being effectual, cheap, and easy to apply. Should no such discovery be made, £1,000 will be given as

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awards to such persons as shall have made discoveries of minor importance, but yet of great service in the relief of pain.

This generous offer from the London gentleman seems to be an echo of the earnest and touching words which Sir Benjamin Brodie uttered when suffering severely in his last illness—"O that physicians would study *pain* more, and the means of relieving it!"

DOCTOR STARLEY, *Southern Journal of the Medical Sciences*, August, 1867, reports a case of *vesical catarrh* successfully treated with the injection of a solution of chlorate of potash. The strength of the solution was 1 dr. of the salt to 8 oz. of water; from four to six ounces were used at a time, and the injection retained for from half an hour to an hour.

DOCTOR PHARES, *Richmond Medical Journal*, July, 1867, speaks of the *Passiflora Incarnata*, as a most valuable remedy in the treatment of *tetanus*. The form recommended by Dr. Phares is the inspissated juice of the whole plant; this juice is dried and powdered, and is given "in doses of from one to four teaspoonfuls, repeated *pro re nata*." The writer also speaks favorably of it in neuralgias, in ulcers, and in erysipelas.

While referring to the treatment of tetanus, we may observe that abroad the Calabar bean is reported to have been used successfully in some cases of this disease.

IN A REPORT of a case of *cerebro-spinal meningitis*, successfully treated at the City Hospital, *Boston Medical and Surgical Journal*, July 18, the reporter Dr Upham, states: "Of the remedies used, ergot seems to have had more influence in controlling the special set of symptoms directly referred to the medulla oblongata."

THE PHILADELPHIA MEDICAL AND SURGICAL REPORTER, July 27, has a letter from a correspondent at Gettysburg, Penn'a, containing an account of *lithia* springs which are found about a mile from that town. "An analysis of the water, conducted by Prof. Mayer, of the Pennsylvania College at Gettysburg, gives the following ingredients: Bi-carbonate of soda, bi-carbonate of lithia, bi-carbonate of magnesia, bi-carbonate of lime, sulphate of lime, silica, with traces of bi-carbonate of iron, bi-carbonate of potash, chlorides and phosphates." The correspondent eulogizes the virtues of the water in the treatment of rheumatic gout, and refers to some wonderful cures. Is the land upon which the springs are found in market?

THE SAME number of the Journal contains the following: "It is asserted that several physicians in Indianapolis, who have heretofore been considered respectable, have been arrested on the charge of procuring abortion, and warrants have also been issued for the arrest of others. Pillory them and cast them out." The facts ars these: Three Indianap-

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olis practitioners of medicine, *one of them an advertising physician in venereal diseases*, have been indicted for procuring abortion; two of them are alleged to have been concerned in the same case, while the third, it is asserted by his friends, will be found entirely innocent of any criminal act. As to the warrants for the arrest of others, we doubt very much whether any such have been issued.

THE PRESBYTERY of Troy, N. Y., June 20th, passed a preamble and resolution in reference to "the prevention and destruction of human life as one of the common sins of our age and country." The final resolution urges the members of the Presbytery to circulate among those likely to be led into these crimes such books as "Why Not," by Dr. H. R. Storer, and "Serpents in the Dove's Nest," by the Rev. Dr. Todd.

DR. J. MARION SIMS, now a resident of Paris, has contributed $1,000 in gold for the relief of the destitute in his native State, South Carolina.

THE AMERICAN PHARMACEUTICAL ASSOCIATION will hold its annual meeting in New York, September 10th.

THE BRITISH MEDICAL ASSOCIATION holds its annual meeting in Dublin, the session commencing on Tuesday, the 6th of August, and continuing throughout the week. Sir Dominic J. Corrigan delivers the address in Medicine, and Mr. Robert Smith in Surgery. Among the papers to be presented is a Report on Mercury, by Dr. Bennett.

AT THE PARIS EXHIBITION the following are among the first prizes: Surgical instruments, M. Mathieu, of Paris; anatomical preparations, M. Brunetti, of Padua; medical plants, M. Triana, of Bogota; the care of the wounded in battle, the Original Committee at Geneva and Sanitary Committee of the United States.

M. CAFFE, editor of the *Journal des Connaissances Medicales*, reports a case of erotic mania in which clitoridectomy was performed, and the lady entirely freed from her malady.

DR. HALLEY has reported to the London Obstetrical Society, June 5th, a "remarkable case of retention in utero of the greater portion of the skeleton of a dead fœtus, for a period of four years." These remains were removed, after dilating the os with lamminaria and sponge tents, by Dr. Hall Davis, with a long pair of dressing forceps.

AT THE SAME SESSION, Dr. Braxton Hicks reported a case of extra-uterine fœtation, treated by abdominal section—the patient recovered.

DR. GUSTAVUS ADOLPHUS NOTT, Professor of Materia Medica and

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Therapeutics in the University of Louisiana, died at Montgomery, Alabama, on the 6th of June. *The Southern Journal of the Medical Sciences*, July, contains a brief but noble tribute to the professional abilties and virtues of the deceased, written, we judge from the initials, by Dr. D. Warren Brickell, the senior editor of the Journal.

Dr. Robert J. Breckinridge, son of the Rev. Dr. W. L. Breckinridge, died of paralysis, at Houston, Texas, on the 8sn of July, 1867. Dr. Breckinridge was at one time a Professor in the Kentucky School of Medicine, and served during the late war in General Lee's army, as Inspector of Hospitals.

Dr. Edward Mackay, died at Buffalo, July 7th. The July number of the *Buffalo Medical and Surgical Journal*, contains the proceedings of the Erie County Medical Society in reference to his death, and from them we make the following extract:

Dr. Mackay was born in Macksgrove, County of Cork, Ireland, February 17th, 1810, and has been engaged in active practice for nearly thirty-five years. He graduated at the College of Physicians, in Dublin, and was a Fellow of the Royal College of Physicians and Surgeons of Edinburgh. He also had a medical degree from the German University of Giesen, and another from one of the colleges in Paris. From 1835 to 1838, he was in the service of the English Contingent as surgeon of the Ninth Regimeut Royal Lancers, in Spain, during the war of the Don Carlos rebellion. He came to the United States in 1838, and took up his residence in Buffalo, in the autumn of that year.

Cholera was prevailing at the time very severely, and Dr. Mackay found his services called into requisition. Such was his devotion, energy, skill and success, that he at once took rank as an able and reliable practitioner, and as such was constantly engaged until attacked with the illness whose sad issue has called us together. For thirteen years he was one of the physicians to the Buffalo Hospital of the Sisters of Charity, the onerous duties of which position he discharged with the utmost fidelity until compelled, by declining health, to resign his post. In 1861, symptoms of paraplegia manifested themselves, and despite the early recognition of the disease, and the best directed efforts of his medical advisers, both in Europe and America, to arrest it, the disorder steadily progressed.

Two days before the death of Dr. Mackay, one of the most famous surgeons of the world, Sir Wm. Lawrence, died in London, aged eighty-four.

How well we remember Mr. Lawrence, (we believe he was not a baronet then,) as he looked and talked three years ago. Among all the staff of St. Bartholomew's, he was to a stranger the most noticeable man; he was old enough to be the father of almost any one of his colleagues—old enough to be the grandfather of some of them—and yet his mind clear

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and strong, his step firm, his hand steady, and the most thoughtful courtesy of demeanor as he went through his wards.

He had the same blue eye, snow-white hair, and complexion as a venerable physician in Cincinnati whom many of our readers know, and whose genial manners have made him such a favorite with his patients and with his professional associates.

The LANCET, July 13th, says of Mr. Lawrence: "As a writer his style was vigorous, clear, and convincing. As a lecturer, in manner, substance, and expression, he had no superior in the profession in our time, if we except Joseph Henry Green. As a surgeon, he was superior to all his predecessors in the great hospital to which he belonged. As an operator, if not amongst the greatest, he is entitled to hold a high position. * * In whatever light we view his career, we must admit that he was one of a race of giants, of which he was not the foremost" [one of the foremost?] * * * "The contemporary of Cline, Abernethy, Brodie, Astley, Cooper, Aston Key, Robert Liston, and of Benjamin Travers, his name will live as long as the reputation of English surgery shall exist."

OUR ESTEEMED friend, Dr. Wm. Carson, of Cincinnati, is anxious to obtain statistics of cases of hepatic abscess. Those of our readers who may have had such cases in their practice, would do well to communicate with Dr. C., and he will furnish them with *blank forms*.

DR. ROBERT NEWMAN, No. 118 W. Houston St., New York, is chairman of a committee appointed by the Medical Society of the State of New York "to investigate and report upon the result of consanguineous marriages." Dr. N. will be glad to receive facts relating to this subject.

WE PUBLISH below a card from our friend, Prof. Storer, and we heartily commend it to the attention of physicians.

TO PHYSICIANS.—By request, Prof. Horatio R. Storer will deliver his second private course of twelve lectures upon the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of December at his rooms in Boston. Fee $50, and diploma required to be shown.

Certificates of attendance upon the course just completed have been issued to the following gentlemen: Drs. C. M. Carleton, Norwich, Conn.; Daniel Mann, Pelham, N. H.; G. E. Bullard, Blackstone, Mass.; J. A. McDonough, Boston, Mass.; M. C. Talbott, Warren, Pa.; H. Gerould, Erie, Pa.; E. F. Upham, West Randolph, Vt.; W. L. Wells, Howell, Mich.; and W. A. I. Case, Hamilton, C. W.

HOTEL PELHAM, BOSTON, 1st July, 1867.

PROF. STORER'S wish to know the meaning of the reference to him,

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which he quotes from the June number of the CINCINNATI JOURNAL, shall be gratified. When we penned that reference we did not know the fact that he mentions as to the meeting of the Section on Psychology the previous afternoon, and its adjournment without day; and we would unhesitatingly express our sincere regrets that such reference was made, had it not contributed, in part at least, to secure so excellent an article as that which he has furnished for the present number of the WESTERN JOURNAL. Certainly we shall never again for a moment suspect that one who has made such important efforts for the salvation of the offspring of others, should fail in the least iota in his duties to that "Section" which, though not his by original paternity, at least is his by fostering care, and by the most important contribution to its character.

THE LEAVENWORTH MEDICAL HERALD, is one of the best, both in form and substance, of our monthly medical exchanges.

But we are somewhat surprised that its publisher admits the advertisements of undertakers: the fact is altogether too suggestive. For ourselves, as long as necessity compels us to have all the weary, wearing business of publishing the WESTERN JOURNAL in our own hands, we shall frankly say to any "Mr. Mould," who wishes to make known through our advertising pages, the excellence of his coffins, the sombre beauty of his hearses and strict propriety of his funerals, *Procul, procul sit undertaker—Oh!*

WE AGAIN remind our friends that we are glad to receive any extra numbers of the *Cincinnati Journal of Medicine*, for February 1866, and for January 1867.

TO CONTRIBUTORS. Acceptable articles have been received from Drs. Hibberd, Weist, Carter, Humphreys, McGarvan, Turner and some others. We repeat our request made in the last number, for contributions.

TO SUBSCRIBERS. At the last meeting of the Indiana State Medical Society, several members pledged themselves for subscribers to the WESTERN JOURNAL, and most have fulfilled their pledges. A few, however, have not; and they will confer a favor by letting us know what to do with their extra numbers of the JOURNAL. There are two wants which we hereby make known—*More subscribers and more money.* Some of our subscribers have not paid for the JOURNAL for 1866, while others who are clear of indebtedness for '66, have forgotten to liquidate that for '67. To these we say, make yourselves happy by paying our patient printers. To all we say, as you increase our subscription list, so shall the JOURNAL be increased in interest, influence and success.

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THE

WESTERN JOURNAL OF MEDICINE,

(Formerly, "Cincinnati Journal of Medicine.")

Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

SEPTEMBER, 1867.

Remarkable Mal-formation. By W. S. Carter, M. D., Pittsboro, Ind.

Mrs. W. was delivered, after an easy labor at full term, of a living male child. The infant was perfectly quiet for a few minutes after its birth, and then spasmodic respiratory efforts were made. Thinking the throat might be obstructed by mucus, I endeavored to introduce my finger to remove it. The finger passed readily between the lips, but to my astonishment I could get it no farther than the gums, which both by sight and touch I found firmly united.

As it was necessary to act promptly, I immediately, with the assistance of my partner, Dr. Tilford, divided the tissue uniting the gums. This appeared to be about as thick as the g ms and cartilaginous, extending as far back on either side as the angle of the jaw. Notwithstanding this free division, which enabled the child to breathe with more facility, the jaws were immovable.

After letting the patient rest a few hours, Dr. Sellers, of Brownsburg, visited the patient with me; and it was decided to use some force to separate the jaws, and make a further careful exploration. This exploration showed us a tough membrane, one-eighth of an inch in thickness, passing from the palate bone above, and inserted into, the lower gum. Upon the

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division of this, and the use of some little force, the jaws were separated.

In two weeks the gums had healed, the child took nourishment readily, and was doing well.

Other mal-formations also existed in this case, viz: the fingers and toes were webbed, and the ears were in rather a rudimentary condition—the integument passing from the head over the anterior surface of the upper third of each of these.

When the mother was about three months pregnant, her son, about six years of age, had a severe convulsion, the jaws being spasmodically closed. She was alone at the time, and her terror was excessive; and, indeed, since then, during all the remaining months of her pregnancy, she states the frightful scene has scarcely ever been absent from her mind.

Remarks.—We have delayed for some weeks the publication of Dr. Carter's extraordinary case, in order that we might, if possible, find recorded some similar cases or case; but after a diligent search we have been utterly disappointed. Even Saint-Hilaire, to whose study of the various anomalies of organization science is so greatly indebted, fails us in presenting any analogous instance.

While almost any one of the external openings of the body may be imperforate, yet this condition much oftener affects the inferior than the superior orifices of the trunk—e. g., closure of the anus as a congenital condition is more frequently met with than closure of the eyelids, closure of the vagina than of the external auditory meatus.

In regard to congenital adhesions of the mouth hitherto described, they have been from adherence, sometimes complete, in other instances partial, of the lips. Even this mal-formation the illustrious Boyer spoke of as a possibility, never having seen it; but Velpeau discovered that Haller had pointed out its occurrence in the human species and also in the inferior animals, that Schenkius had met with cases upon which he had to operate, and that Desgenettes had seen a seven-months' fœtus with imperforate mouth.

In Saint Hilaire's work, chapter iii, *Des Anomalies par continuite des parties ordinairement disjointes; section* i, *Des Anomalies par Imperforation*, will be found the following, which may be of some interest in connection with Dr. Carter's report:—The imperforation of the nares is much less frequent than that of the eyelids; nevertheless Littré and Jean Bianchi have seen it in subjects in whom other irregularities also were found, and Oberteuffer has also several times observed the same condition.

In the case mentioned by Littré, the closure of the nares was compli-

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cated with closure of the mouth, the skin passing over both apertures, an anomaly of still less frequent occurrence. The closure of the mouth has also been seen when the nares were unobstructed, but these cases presented various other deviations also.

As to the possible influence of the sudden and severe terror to which the mother was subjected, which Dr. Carter mentions, in causing the malformation, it probably is better neither to affirm nor, still less, to deny. Certain it is that the tendency of the observant and thoughtful in our profession is, not to reject as "old wives' fables" all that is told us of the very strong influence of maternal impressions upon the fœtus, fables which have so long found such general credence with mothers and with the public. Those who are interested in the study of this question will find an admirable and philosophic discussion of it, by Dr. Alfred Meadows, in the seventh volume of the *London Obstetrical Society's Transactions.* It occurs in connection with the report of a case of *Monstrosity*, given by Dr. M., the mother attributing the deformities of her offspring to the fact, that during the earlier weeks of her pregnancy she was greatly horrified by being shown some of Aristotle's plates, in which were exhibited some deformities resembling this, and specimens of other monstrosities. T. P.

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*Complications of Diabetes.** Prepared by ROBERTS BARTHOLOW, M. D., Professor of Materia Medica and Therapeutics, in the Medical College of Ohio, etc.

The elaborate work, the title of which is given below, contains a vast fund of information upon the subject of "diabetic accidents." We believe that we can render no greater service to the readers of the JOURNAL, than to present an epitome of the views of the author, based as these views are upon a large personal experience, and upon a conscientious examination of the facts reported by others.

Dr. Marechal concludes, with reason, that diabetes occurs much more frequently than is commonly supposed. The saccharine condition of the urine escapes observation, because the attention of physicians is directed to some prominent symptom or accident, the relation of which to the diabetic diathesis is not understood; but more especially, because diabetes, is, in the minds of most physicians, associated with wasting and emacia-

* *Recherches sur les Accidents Diabetiques et Essai d'une Theorie Generale du Diabete par le Docteur Marchal (de Calvi) etc. Paris,* 1864, *pp.* 658.

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tion, whereas it occurs in the robust, the plethoric, and in those addicted to the pleasures of the table. Few of the text-books and other recognized authorities in the hands of physicians, represent the actual state of knowledge on this subject, but they appear content to repeat the stereotyped views of their predecessors, going over with tiresome iteration, the well-known symptoms, thirst, wasting, abundant diuresis, saccharine urine, etc., and omitting all reference to those early symptoms which so characteristically mark the commencement of the remarkable series of morbid phenomena. It is therefore very satisfactory to peruse the thorough and exhaustive treatise of Dr. Marchal, which gives us not only a complete outline of the disease and its complications, but also furnishes us with the data upon which his statements are based. We will follow the order in which our author has presented his facts.

Affections of the Skin. The skin in diabetes is affected with various forms of eruptions, with eschars and with ulcers. The eruptions are generally herpetic in character, and are most frequently observed upon the prepuce and vulva. Dr. Marchal thinks erythema of the vulva, is in some cases, the first and only symptom of diabetes, and Trousseau and Tardieu coincide with him in this opinion.

The eschars vary very much in extent, sometimes involving only the epidermis, but frequently extending through the derma to the subjacent tissues. Although generally surrounded by a zone of inflammatory redness, the eschar does not widen. The character of the diabetic eschar is well shown in the following case narrated by M. Nelaton:

M. B., æt. 46, robust, full habit, sanguine temperament, and addicted to eating, was attacked with gangrene of the heel. The skin of this part was transformed into an eschar similar to that produced by the Vienna paste. When M. Nelaton was called in consultation, the patient was very feeble. After a very careful examination, he was unable to detect any lesion of the veins or arteries, to account for the production of the gangrene. Presuming that there must be some constitutional cause, M. Nelaton extended his investigations, and ascertained that the patient had diabetes. * * * The eschar became detached, leaving an open suppurating wound.

Diabetic ulcers are commonly seated on the inferior extremities, but a carbuncle on the body may leave an indefinitely suppurating ulcer. They also, succeed to the gangrenous patches of the skin or to carbuncle; in either case separation of the mortified parts occurs by inflammation of surrounding healthy structures. MM. Littré and Robin admit that the ulcerative process consists essentially in a gradual liquefaction of the

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anatomical elements of a tissue, with or without atrophy of the neighboring anatomical elements, and that the loss of substance characteristic of ulceration is due to this liquefaction. These ulcers have a diagnostic value in that they reveal the general cause—glycosuria—which has not before been suspected. If the tissues are in a very bad state, the ulcers may become phagadenic.

Affections of Areolar tissue. These are very common. Boils, carbuncles and abscesses are the particular points of affection of the areolar tissue. Generally boils commence the series of gangrenic accidents. A man is attacked by boils, herpetic eruptions and small eschars; after a while by gangenre; on examination of the urine it will be found that he is diabetic.

The diabetic carbuncle, in two-thirds of the cases, is situated upon the nucha, as is the case with ordinary anthrax. Ordinarily there is but one, but there may be several; M. Jordâs has seen a case in which there were twenty-two.

Dr. Marchal treats at length of three different varieties of diabetic phlegmon: 1. The diffused sub-cutaneous phlegmon; 2. The diffused sub-aponeurotic phlegmon, and, 3. The universal diffused phlegmon.

Diabetic Sphacelus. Dry gangrene is exceptional. Diabetic gangrene is generally inflammatory. It usually occurs in the inferior extremities. In the published examples of gangrene of the superior extremities, the inflammatory element was not only initial, but predominant; in other words, they were cases of diffused gangrenous phlegmon, and not gangrene *per se.* The sphacelus is the result of a special modification of the tissues and not of an obliteration of the arteries.

Diabetic Lesions of the Cerebro-Spinal Axis. The experimental physiologist has demonstrated that various lesions of the cerebro-spinal axis will produce diabetes, and hence all the lesions of this system found in the diabetic have been regarded as primary, instead of being considered consecutive, and produced by the diabetes. Our author considers them generally consecutive. The lesions are very various: congestion of the brain, effusion into the ventricles, apoplexy, progressive paralysis, softening, changes in the fourth ventricle, etc. The symptoms observed are, pain, vertigo, numbness, anæsthesia, aberration of tactile sensations, paralysis, convulsions, loss of memory, feebleness of intelligence, etc.

Various affections of the nerves have been observed. Dr. Marchal alludes more especially to sciatica and lumbago, as frequent complications in the diabetic. The nerves of special sense are also impaired in function; hence, defects of hearing, taste, smell and vision, are often present.

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Our author devotes a chapter to amblyopia and aberrations of vision. The frequency of amblyopia in cases of diabetes, is fixed by Bouchardat at one case in four and a half, and by Fauconneau-Dufresne at one in eight. Marchal thinks Bouchardat's estimate is the more nearly correct one. Græfe reports a case in which the patient saw only the left half of objects, and Galezowski one in which the appreciation of different colors was lost. A case was communicated to Dr. Marchal, in which there existed amblyopia of the right eye, and a cataract in the left.

On ophthalmoscopic examination of the cases of amblyopia, alterations of the optic papillæ, congestion of the retinal vessels and excavations of the retina are seen, but Liebreich, who has made a large number of examinations, concludes that there is no ophthalmoscopic appearance peculiar to diabetic amblyopia.

Various conjectures have been hazarded as to the cause of the accumulation of sugar in the humors of the eye. M. Mialhe believes that the feebleness of vision is due to an abnormal opacity of the humors, the result of diminished alkalescence of the blood.

Diabetic Cataract, is one of the most interesting of the ocular lesions. Fauconneau-Dufresne has seen but one in 162 cases, whilst Græfe has seen one in 4. Bouchardat has met with cataract in the proportion of one to 38. Sichel expresses the belief that it is impossible to diagnosticate a diabetic cataract by its form and progress. Nevertheless it has peculiar characters. It is generally soft, and is formed with great rapidity, sometimes in a few days. The masculine sex and age from 30 to 40,* are most favorable to the production of cataract.

Lesions of Respiratory Organs. These consist of suppurating pleurisy pneumonia, gangrene of the lungs, and phthisis. The pneumonia of diabates is frightfully fatal. M. Bouchardat has formularised this fact as follows: if a pleuro-pneumonia declare itself in a course of diabetes, although not alarming in the beginning, it is always fatal.

In the cases of slow diabetes, tubercles are developed in the lungs, or pneumonia supervenes, or death occurs in a few hours by a rapid congestion of the lungs. Gangrene of the lungs is another mode of termination in these cases, but less frequently than the foregoing lesions.

Marchal has not seen many cases die of phthisis, but he has no doubt that diabetes tends strongly to produce the tuberculous cachexia. In hospital practice, where the patients are not only depressed by the dis-

* Several of the authorities quoted by Marchal, met with diabetic cataract only in the young. This is my own experience. Within the past year I have seen a diabetic cataract in a boy of ten.

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ease, but by poverty, this mode of termination is common. According to Bouchardat, when much emaciation exists, tubercles will be found in the lungs.

Lesions of the Digestive Apparatus. The mucous membrane of the mouth is altered in the diabetic—it is pale, dry, and deprived of epithelium. Apthæ frequently occur. One of the most common lesions is a spongy condition of the gums and loss of teeth. Dyspeptic symptoms, vomiting, abdominal pain and constipation are commonly present. After death, hyperæmia, ecchymosis and hypertrophy of the mucous membrane are found. The liver is, in certain cases, the seat of a very remarkable hyperæmia—is very large and much engorged. In a few cases the liver has been found in a state of atrophy.

Lesions of the Genito-Urinary Apparatus. There is no affection of the kidney proper to diabetes. This is in opposition to the opinion of Hodgkin, who argues that diabetes and albuminuria belong to the same family, but if this relationship existed, it would not affect the question, since albuminuria occurs independently of the kidneys. A lesion of the cerebro-spinal axis will give rise, in one, to diabetes, in another to albuminuria.

The kidneys are generally hypertrophied, sometimes simply in a state of hyperæmia, the corpuscles of Malphigi being more easily seen, and the calibre of the vessels increased. Certain renal lesions which have been encountered in cases of diabetes, are purely coincident and fortuitous, such as abscesses, and the cysts observed by Kuechenmeister.

Pathogeny of Diabetes. Our author concludes his work by a pathogenic summary. He compresses into this the conclusions reached, after a most elaborate study of the theories of Mialhe, of Reynoso, of Bouchardat and of Bernard. He divides the cases into two classes: *uric diabetes and cerebro-spinal diabetes.*

Dr. Marchal believes that there is an identity in the nature of gout and diabetes, subordinated in both to the same morbid unity—the acid diathesis. He explains the production of diabetes in this way: by the increase in the acidity *in* the blood, (uric acid,) and by the correlative diminution of the alkalinity, the sugar is not consumed as formed, but circulating in the blood in greater or less proportion is constantly eliminated, but also constantly produced. Placed in contact with all the tissues, it produces after a time in the capillary vessels a disposition to inflammation, and upon the nervous system effects referrible to the inflammatory diathesis, or a modification purely dynamical. It produces, also, a general condition of feebleness to which we apply the term diabetic asthenia, which exhibits itself in a tendency to gangrene, and death from slight causes.

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In the nervous system, apoplexy and cerebral congestion are the result of the inflammatory diathesis; amblyopia, anaphrodisia, etc., are evidences of the dynamical modification. The idea of anatomical alterations must be excluded from the last named cases, because of the promptitude with which vision and the genital aptitude are recovered under the influence of appropriate treatment.

The author bases his rules of treatment upon his view of the pathogeny.

As sugar is produced from starch, the starchy foods should be withheld.

As the withdrawal of the starch which is the principal respiratory aliment, lowers the respiratory function, it is necessary to replace it with substances of the same order—the fat aliments.

As the acidity increases with the diminution of the alkalinity, it is necessary to withdraw acids, and give alkalies.

As diabetes produces asthenia, tonics are required, etc.

The author ends his volume with a few propositions which he desires to place in strong relief.

Diabetes is very common, and as insidious as it is common; frequently it has not been, nor is still recognized, because those who are attacked with it are generally of vigorous constitution, and preserve for a long time their healthy appearance aud their activity.

Fat and robust men who eat and drink a great deal, who are subject to boils, and especially to carbuncles, whose gums soften, and who suffer from gravel, lumbago and sciatica, should be suspected to have diabetes, etc.

Removal of Stone from Female Bladder. By Wm. B. McGavran, M. D., Knightstown, Indiana.

Mrs. Marlow, aged 34, native of North Carolina, mother of fourteen children, applied to me, on June 14, 1867, for medical treatment. Found her suffering from what I then supposed to be chronic urethritis; urethra inflamed and sensitive to the touch; difficulty in urinating, accompanied by vesical tenesmus; no discharge of blood or pus; urine acid, containing no albumen. The patient had been in this condition nearly two years, suffering sometimes intensely; health considerably affected by the local difficulty. Ordered nitrate of silver 20 grs., to water 1 oz., to be injected into the urethra every four days, and placed her under tonic and anodyne course of treatment. June 19th, patient better. Injection had a good effect, but there was still some tenesmus. I explored the bladder

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with a sound and found a stone. Dr. Canaday was called in consultation, and, after a careful examination, we decided that we had a case of stone to deal with, and that it was about one and one-half inches in length by one-half inch in thickness. After informing the patient and her friends of the relative amount of risk in allowing the stone to remain within the bladder, or extracting it by operation, it was decided to operate.

On the 25th of June, assisted by Drs. Canaday, Rollins, Beaver and Cochran, the patient being under the influence of chloroform, I had her placed in the position for lithotomy, and, after removing from the urethra a sponge tent which I had inserted about an hour previously, I introduced my little finger into the bladder. I found the stone, reassured myself as to its size, and considered the probability of its removal through the dilated urethra. Withdrawing my little finger and inserting my index finger, by steady and continued pressure I succeeded in dilating the canal sufficiently to introduce a pair of forceps and seize the stone. After three trials, with the index finger of the left hand in the vagina behind the stone, I succeeded in removing it, to the satisfaction of myself and assistants, and the joy of the family. There was but little laceration of the parts. The patient recovered from the influence of the anæsthetic without trouble. Administered an anodyne, directed cold applications to the parts, and enjoined rest.

On the following day I found the patient comfortable; urine retained for four hours; but little disturbance, and no discharge of blood or pus; health improving. August 2d, patient has been up all day, expresses herself relieved, and feels that life is not such a burden as it has been for the past two years.

The stone was of the lithic acid variety, and measured one and one-fourth inches in length by seven-eighths of an inch in diameter, and weighed 156 grains.

The fact of having seen the report of a similar case in the *London Lancet*, prompted me to bring before the profession this instance of removal of stone *per urethram*.

Fracture of the Humerus by Muscular Action. Reported by Dr. J. R. Weist, Richmond.

—— Cook, farmer, at 23, while driving cattle, March 15, 1866, and in the act of throwing a small stone, felt something snap in his right arm. Severe pain followed, with inability to raise the arm. Visiting him some

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three hours after the accident, I found him suffering severely from pain in the entire limb. On examination, I found considerable swelling about the middle of the arm, and readily discovered that the humerus was fractured near its middle. There was but little displacement of the fragments as the bone was broken almost transversely.

An intelligent comrade, who was with him at the time of the accident stated that but little force was employed in the effort to throw the stone, or to use his words, "Cook only gave the stone a slight toss, when I heard his arm crack. The stone fell a few feet from him."

The stone was shown to me. It was an ordinary pebble, weighing about an ounce.

The patient stated that he had always enjoyed good health, and that none of his bones had ever been fractured before. His muscular development was only medium; indeed the muscles of the arms were rather flabby. No evidence of disease of the bones was detected.

The arm was dressed with splints made of binders' board, and placed in the usual position. Perfect recovery followed.

Veratrum Viride, a Stimulant. By S. D. TURNEY, M. D., Circleville, O.

So much has been written upon the therapeutic action of veratrum viride, that it may seem unnecessary to increase the very extended literature of this subject; but, with diffidence, let me say that I think that in almost every article that has yet been published an erroneous view has been taken of its action. A classification has been assigned to it that in many cases has led to injurious or inefficient application of the medicine.

We all know that its specific action is to slow the heart. Reasoning from this, it has hastily been called a depressant, a sedative, an adjunct to, or substitute for, the lancet, and with the avowed intention of lessening the force of the heart, it has been given in sthenic diseases, or in the early stages of acute diseases, when this organ is irritated to excessive action.

A brief comparison should satisfy us that veratrum is not similar in physiological action to the lancet: blood letting quickens the pulse and shortens the first sound of the heart, that is, it debilitates; veratrum slows the pulse and lengthens and strengthens the impulse of the heart, that is, it increases its muscular power. So far, then, from being a depressant, analogous in effect to blood-letting, we have in veratrum an antagonist to this debilitating remedy—a certain, safe and powerful means of increasing and maintaining the muscular power of the heart.

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In this view of its action, we have, I think, the correct indication for its application. In the earlier stages of disease, by increasing the already excessive action of the heart, veratrum may do, and sometimes does, serious injury; but in the later stages of protracted acute diseases, when the violent reaction has subsided—when the pulse grows rapid and the heart beats with a feeble impulse, and death is threatened from exhaustion of this organ—veratrum in proper doses, by its stimulant action, will send the life current through the body with a steadier stroke and a fuller flow. I believe it to be pre-eminently *the* stimulant in this condition, and that it will succeed in saving life when alcoholic and all other stimulants fail.

In illustration of this mode of using this remedy, permit me briefly to cite three cases in which its stimulant action, perhaps, saved the patients from imminent death.

In the fifth week of a badly treated typhoid fever, the pulse had gradually accelerated to over 140 beats, and the first sound of the heart was very short. Alcoholic stimulants, food, opium, and quinine failed to check the progressive debility. Two drop doses of veratrum, repeated every two hours, slowed and swelled the pulse, increased the impulse of the heart, and carried the patient to convalescence.

In a case of emphysema of the lungs, with consequent dilatation of the heart, the heart flagged under an increased demand for power to overcome an obstruction to the circulation, caused by an inter-current bronchitis. Its action became very irregular and intermittent—the first sound almost inaudible. The patient was in imminent danger of fatal syncope, fainting having already occurred from an attempt to assume a semi-erect position. Veratrum in 24 hours steadied and strengthened the heart, and the patient rapidly convalesced, on subsidence of the catarrhal affliction.

In a case of acute dysentery, the patient went from bad to worse. On the seventh day, notwithstanding the free exhibition of alcoholic stimulants, tonics, food, &c., the pulse was beyond accurate count. There were all the indications of extreme physical and vital exhaustion, and the patient was apparently on the verge of dissolution. Two drop doses of veratrum, repeated every hour, brought the pulse within 120 beats. Its stimulant action was manifested in the warmer extremities and brighter countenance, and the patient slowly convalesced, after having traveled as far into the "valley of the shadow of death" as was consistent with a safe return.

These cases are only sample cases, given without exaggeration, with the sincere desire of calling the attention of the profession more directly

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to the invaluable stimulant quality of veratrum. Many practitioners have undoubtedly recognized this virtue, and hence made the proper appliplication of the remedy; yet, in the pages of all of our magazines it is erroneously still classed as a sedative.

Punctured Wound of Liver and Intestine.—Recovery. By S. W. PECK, M. D., Washington, Ind.

J. B., aged 18, a robust, healthy young man, was brought to my office in the early part of August, 1865, with a bayonet wound, three inches long, in the upper part of right lumbar region. The intestine was greatly protruded and was half divided across. After closing the wound in the intestine with three interrupted sutures, and enlarging the external wound, I replaced the gut, which was much swollen. Hemorrhage from the partially divided bowel was controlled by the application of perchloride of iron.

The patient was then removed to his room, and placed upon his left side; an anodyne was administered, and the wound was dressed lightly, after inserting into it a slippery-elm bark tent.

On the following day, bowels moved by a saline purgative, about thirty-six hours after the accident; some febrile symptoms; applied cold water dressing.

Three days after injury, considerable peritoneal inflammation, high fever, pulse 100. Ordered iced drinks, pounded ice to abdomen, and light diet.

On the fifth day, there was a sudden gush from the wound, of about a pint of a thin fluid, colored with bile. There was no escape of gas or feces. I then discovered that the liver had been punctured, to the depth of four or five inches as near as I could determine. A considerable quantity of bile was discharged through the external opening before the wound was healed.

Continued the application of ice, and kept the bowels in a soluble condition. The tent was permitted to remain until the granulations pushed it out, and the discharge had ceased. The sutures came away on the tenth day.

Thirty days after the receipt of the injury, the patient was walking about, and is now well.

Quite a number of physicians who saw him at the time of the injury,

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told him he could not recover; and surgeons to whom he has since related his case, expressed their disbelief in the curableness of such a wound.

A sinus was formed from the liver to the external opening, which prevented the discharge from being poured into the peritoneal cavity. He suffered from pressure upon the diaphragm by the swollen intestine.

It is my opinion that my patient would have died had not ice been used freely.

Action of the Sulphate of Quinine upon the Nervous System, a note presented to the Academy of Sciences, by M. A. EULENBERG. Translated from the *Gazette des Hopitaux*, by L. J. FRAZEE, Prof. Mat. Med. in Ky. Sch ol of Medicine.

Experiments made upon frogs, in order to study the physiological effects of the sulphate of quinine, have furnished me with the following results:

1. The sulphate of quinine, applied by means of hypodermic injection (from 3 to 12 centigrammes), produces, after from one to five minutes, decided derangement of respiration and of the movements of the heart.

2. Respiration becomes irregular and feeble; the movements ceasing first in the sides, and then in the jugular and nasal regions. The absolute cessation of the respiratory movements, under large doses, takes place in from five to fifteen minutes; under small doses, in from fifteen to twenty minutes. Under large doses the frequency of the respiratory movements continues to diminish, and that in a rapid manner, while under small doses this diminution of frequency is irregular, and often interrupted by a temporary augmentation.

3. The derangement of the heart's action manifests itself more especially in a diminution of force and frequency of the cardiac contractions, a diminution which is gradual, and not dependent upon the derangement of respiration; the pulsations of the heart cease, indeed, much later than the respiratory movements, sometimes not till the end of four or five hours.

4. The effect upon the heart is not the result of the influence exerted upon the pneumogastric nerves and upon the medulla oblongata; it being still produced where these nerves are previously cut. It results rather from the action of the poison upon the muscular substance of the heart and upon the excito-motor ganglia situated in the heart itself.

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5. The heart torn out and plunged into a solution (1 to 6) of the neutral sulphate of quinine soon loses its excitability; not so soon, however, as a voluntary muscle treated in the same way.

6. The pulsations of the posterior lymphatic hearts are retarded and suspended by the effects of the poison; the absolute arrest of these organs preceding, in most cases, the cessation of the respiratory movements.

7. Some minutes after the poisoning, and simultaneously with the feebleness of the respiratory movement, there is observed a total want of reaction on the application of external irritants. The strongest chemical or mechanical irritation of the skin producing not the slightest movement, the *cornea*, however, preserving its irritability a little longer than other parts.

8. This general loss of irritability results neither from a lesion of the peripheral termination of the nerves of sensation, nor from a lesion of their conducting fibres, which is easily demonstrated by resorting to poisoning upon one side exclusively. It depends upon a functional derangement of the intermediate spinal apparatus which presides over the reflex movements. The derangement of function manifests itself even while the centripetal passage to the brain is still complete, and while the spontaneous movements are still in play. Then, *the sulphate of quinine acts, at first, on the centers of the reflex movements in the spinal marrow, and then upon the cerebral centers of sensibility and of voluntary motion.*

9. The reflex action is suspended in the same way, whether it be in a state of health or disease, if there is first used an injection of a small quantity of nitrate of strychnine (10 gr. 001). *Strychntne and quinine are antagonists in regard to their reciprocal action upon the reflex movements.*

10. The sulphate of quinine acts neither upon the muscular contractility, the irritability of the motor nerves, nor their inter-muscular peripheral extremities. Applied directly upon the transverse section of a voluntary muscle, it causes contractions; while a muscle plunged into a solution of the medicine very rapidly loses its irritability. It does not act upon the transverse section of a motor nerve.

Operative Gynæcology—Continued from August No. p. 477.

I. *Mode of procedure in the normal position of the neck and os uteri.* When the os uteri is simply contracted, so that the canal is hardly as large as a pin, I employ the following method and instrument: I introduce a Fer-

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guson's speculum and bring the neck of the uterus into it as far as possible. I then take an instrument which, with its handle, is a few inches longer than the speculum, and made after the pattern of the knife employed in iridectomy, which, however, has a blunt end, from one to two lines long, and of the thickness of a common knitting needle; behind this probe-like point is a knife about eleven-twelfths of an inch long, which presents on both sides a cutting triangle. Immediately behind the probe-point the knife is about one-tenth of an inch in breadth, but gradually increases towards the base, where it is about one-half an inch in width. When the knife is introduced it splits both lateral walls equally, the incision being deepest towards the os externum. If in some cases we are unable to introduce the straight knife, we can bend it to suit the direction of the cervical canal. Does, however, the dilatation thus made prove insufficient, we can make another incision, more or less in depth, perpendicular to the first, through the posterior wall of the uterine neck. The incision will then be T shaped. Until I had made the knife above described, I was compelled to content myself with Luer's instruments.

A. *Dilatation with Luer's instruments.* 1. A lady, mother of several children, suffered for a considerable time with severe menorrhagia and annoying fluor-albus, which prevented her from walking; she was treated by our best physicians with injections of alum, &c., but without benefit. The disease consisted in a general hypertrophy of the neck of the uterus, which measured about two and a half inches in length, and about one and a quarter inches in width; the superior portion of the neck was normal. I proposed amputation of the uterine neck, by the galvano-caustic method and operated in June, 1865. The operation passed off well, but a severe hemorrhage ensued, which was not entirely arrested by the tampon. In the act of cauterizing* the last portion the wire slipped and a semi-lunar flap, of about half the size of the little-finger nail, remained, which seems to have laid itself partially over the mouth of the womb. Complete recovery followed. About the beginning of the year 1866, however, the lady complained greatly of severe pain during menstruation, as well as of prolonged and profuse loss of blood during this period. A local examination revealed the fact that the uterus was a little retroverted; I could not detect the os uteri either with the finger or with the ordinary speculum. I then resorted to the use of Luer's largest speculum—the patient lying upon her left side—and found, high up, a little point-like opening, into which I could not, at first, introduce an A violin string; however, by

* This was an unintentional and unexpected parallel to Sims' case of amputation of the cervix uteri. See p. 212 Sims' Uterine Surgery.

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perseverance, I succeeded in introducing even thicker strings (D strings for violincello), and with Luer's hysterotome incised the uterus from right to left. Since that time all trouble has ceased, menstruation is normal, and the patient perfectly well.

2. A married lady of the better class of society, childless, had—in consequence of energetic cauterization with nitrate of silver—a cicatricial contraction of the os uteri; the canal presented the appearance of a mere point. Incisions were made with Luer's instrument, followed by the introduction of sea-tangle tents. The menstrual flow is now unaccompanied with pain, and easy—the non-conception of the patient is due to the extremely debilitated condition of the husband.

3. A married lady, also of the better class of society, was sterile in consequence of a catarrh of the cervical canal, with a much contracted os uteri *externum;* the same treatment as in number two was employed.

In none of the cases here enumerated—in the two last Fergusson's speculum was used—did any notable amount of hemorrhage occur.

B. *Dilatation with my above-described double cutting knife.* A young married lady, Mrs. K., sterile, a sufferer from catarrh of the cervical canal, with a much contracted os uteri, and a swollen *collum uteri*, was operated upon with one of my instruments, and afterwards an additional incision was made with a small, straight probe-pointed knife, with a long handle, in a direction perpendicular to the first, in the posterior wall of the *collum uteri;* through this wide opening the uterine sound was easily passed into the cavity of the uterus. The hemorrhage was trifling, and was arrested by the ordinary means. As yet I have not divided the *collum uteri* laterally and obliquely, as Sims directs; if this should be done, however, the scissors described below will be found adequate.

II. *Proceeding in abnormal positions of the os uteri.* If the os, in consequence of displacement of the uterus, is placed almost behind the horizontal portion of the pubis, (whereby the os uteri is obstructed by an accumulation of tenacious mucus—the posterior lip is generally longer than the anterior,) in order to facilitate the exit of the menstrual discharge and entrance of the sperm, we have, without any previous mechanical erection of the uterus to its normal position, to place the orifice of the cervical canal in a line parallel with the direction of the cavity of the uterus. In other words, the artificial os uteri must be placed where a straight line drawn from the middle of the fundus of the womb towards the vagina, would end in the external opening.

This is only possible when the entire posterior wall of the collum uteri is completely split to its insertion into the fundus of the vagina, and can

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be done in two different ways. *a.* With the knife already described, or with one bent in the form of a hook, with a long handle which can be introduced through Fergusson's uterine speculum.

Case 1. Mrs. D., childless, suffering terribly from dysmenorrhœa, had anteversion with anteflexion of the uterus. The cervix was bent forwards and upwards, the anterior lip being almost invisible. It was impossible to introduce the sound. I introduced the long bent knife to about the height of the insertion of the vagina, pushed the point through and backwards, and drew the blade forward through the posterior cervical wall to the external os. Hemorrhage, though considerable, was arrested by the ordinary means. Recovery took place without any trouble whatever; the incision remains over one-half an inch in length, and the sound can be easily inserted two and one-half inches; and the general health is decidedly improved.

Case 2. Mrs. L——, childless, suffered with catarrh of the cervix; the posterior lip was ulcerated and so much swollen as to lessen the size of the canal. With a Sims' speculum I exposed the os, and with a pair of scissors with a common lock, the right blade bearing on its point the hook, to be described hereafter, I split the posterior lip. There was no hemorrhage. The ulceration disappeared under the application of nitrate of silver. As the lateral wall of the cervix appeared much distended, I made an additional lateral incision with a straight long-handled knife.

Case 3. Mrs. L——, childless; the os externum was in the same condition as in the above case; there was retroversion with anteflexion of the uterus. I incised the collum uteri with the scissors through the opening of one of Fergusson's largest specula, and divided the posterior wall of the cervix to the fundus of the vagina; immediately the obstruction to the introduction of the sound was removed, there was but little blood lost, and menstruation was thenceforth easy.

Description of my Scissors. The length of the straight scissors is, altogether, 23 centimetres; the cutting surface of both branches is 3 centimetres; the distance from the point of the scissors to the lock is at least 5 centimetres; on the blunt end of the right branch, at a right angle to the cutting surface is a small hook about one line in length, the other branch is smooth.

In opening and closing the instrument, the branches cross each other in a manner similar to the American bullet forceps. With this instrument it is possible to operate even through one of the smallest of Fergusson's speculums. I will here mention that it is desirable not to move the blade

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which has the hook attached, after it has been introduced, but to hold it steady and move the other blade toward it; in order not to mistake the blades, it is best to tie a colored string to the handle of the smooth blade; only the marked handle is to be moved.

How to arrest Hemorrhage. After the incision is completed, I introduce, with Simpson's sponge-holder, a small piece of linen folded about four times and sewed, to which a string has been attached, and dipped in a solution of sesqui-chloride of iron and glycerine, between the lips of the wound. If the bleeding does not stop, repeat the operation; it will seldom be necessary to repeat it a third time. I then fill up the vagina with a tampon of wadding, dipped in glycerine, according to Sims' recommendation; this I allow to remain for two or three days when I remove it, and every two days, for about a week, introduce Simpson's blunt sponge-holder into the wound to prevent it from healing too quickly.

In none of the above cases have I seen the slightest peritoneal inflammation.

The bloodless method of dilating the os, with total atresia of the same. Although total atresia, followed by metrorrhagia, seldom occurs, yet in consequence of extreme cauterization of women who have formerly menstruated normally, it does at times occur. How is the os to be opened without cutting instruments? We use the slow-working Vienna paste, or Filho's caustic, which require to be repeated for several days; when, after the falling off of the crust, no opening appears, we resort to cauterization with lunar caustic.

Mrs. M——, mother of two children, suffered from profuse fluor albus and ulceration of the os uteri. From too energetic cauterization, the canal was entirely closed. The sufferer—a patient of Dr. Walther, who directed her to me—consulted the most eminent physicians, of that specialty, in Bohemia. The written diagnoses of these physicians were very wavering and confused, but they seemed to convey the idea that retention of the menses was the cause of her trouble, and which was not operated for on the ground that the uterus was not sufficiently filled with menstrual blood. To improve the patient's general health, she was sent to a watering place; what good has been effected by this, I do not know. I concurred in Dr. Walther's diagnosis* that there was *retroversion of the imperforate uterus.* Examination through the vagina and rectum proved

* It is possible that the retroversion was present at the time of cauterization in Paris, and this *atresia uteri artificialis* was assisted by the position of the uterus.

We must, therefore, be very careful in cauterizing the uterus in displacements with scanty catamenial discharge.

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the uterus to be retroverted, soft and doughy, and about the size of a large orange.

Through a common speculum I cauterized a spot where the os uteri was slightly indented, with Filho's caustic paste, which I spread over a space as large as the end of the little finger, and allowed it to remain until a crust was formed. I then washed the parts with dilute vinegar.† After the lapse of two days, I forcibly removed ihe crust and cauterized deeply with nitrate of silver; two days after this latter application, as I attempted to remove the crust, the retained tea-like menstrual blood commenced flowing slowly, and in the course of the day over one and one-half cupfuls were discharged.

At first the uterus measured ten centimetres, but by the application of sea-tangle tents, the cavity was contracted to 7 centimetres. After the menses had again appeared, the lady left Dresden. I requested her physian to introduce the sound about every two weeks, to ascertain whether the os still remained open.

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Transactions of the Indiana State Medical Society, at its Seventeenth Annual Session, 1867.

Without a bulky volume or very many papers, we think we can justly congratulate the profession of the State upon the character of the transactions for the current year. There is a practical interest about most of the subjects which cannot fail to make them interesting to every practitioner, and the tone and spirit of the proceedings were such as to inspire the friends of professional advancement with confidence and hope.

We notice with pleasure a new feature, a *verbatim* report of the debates, by a phonographic reporter. The debate is often as interesting and as valuable as the paper which gives rise to it, and their presence adds much to the value of the transactions. Yet the debates should certainly have been printed in connection with the paper read, and not, as has been done,

† In reference to the application of the caustic paste, I will add a few words of warning. Not long ago I operated by the galvano-caustic method upon a lady who had some suspicious looking excrescences upon the posterior wall of the cervix uteri. The excrescences were removed with scissors and cauterized several times with Filho's caustic paste. The necessary precaution to wash the parts afterwards with vinegar was omitted, and an ulceration about two inches long, on the posterior vaginal wall, was the result of this gross neglect.

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in the days' proceedings, and separated from the paper. With this improvement we hope the practice will be continued hereafter.

We proceed to notice the individual papers.

1. The address of the President, Dr. Kersey, of Richmond, bearing for its title "*Physic and Physicians*," touches briefly upon a number of subjects coming naturally under such a title; but, although discursive, it is creditable to the head and heart of the writer.

Two subjects of State interest are especially alluded to, the lack of a Medical Journal, and of a Medical College in Indiana. The liberality of our professional brethren has speedily supplied one of the articles; may the other soon be forthcoming, but only, we say, in the language of Dr. K., when it can "be established on a scale and basis to compete in excellence, in eminence, in every appliance and means of instruction, with the very first schools of the age."

Two subjects of general professional interest are well handled in this address, and deserve a passing notice. The first is the great importance of local medical societies. Their usefulness as a means of promoting not only the dignity and standing of the profession and its *power*, as against the pestilent tribe of quacks, but in improving and benefiting the individual members is unquestionable. We heartily endorse every word said upon this subject, and add our testimony, drawn from observation, that such societies "yield a rich reward to all concerned." We only hope that in every section and locality, this knowledge will be acted upon.

The second subject is the laxity with which many physicians allow students to enter their offices, and even induce them to begin a course of study for which they are not qualified. The Doctor has hit the nail on the head right sharply, and it sadly needs driving home. There *are* some physicians whose pride it seems to be to surround themselves with medical students, and we *do* have "students of medicine, who never studied anything else." So long as this evil continues, the elevation of the profession will remain an impossibility. If the stream be poisoned at its source, how shall its banks be full of good waters? The medical schools could easily correct this evil by demanding an examination as to ordinary education, preliminary to attending lectures, but in the present trade-like competition carried on between them it is hopeless to expect any help in this direction. May we not suggest that the local medical societies would be powerful agents in this matter; no single practitioner can stand against the combined influence of his brethren, upon any question affecting the good of the whole.

2. The paper by Dr. Hibberd, of Richmond, on "*Bile*," is the con-

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tinuation of a discussion which has run through a year or two, and is such a discussion as we should like to see started upon many subjects connected with practical medicine. We hold that there are no doctrines in any department of human knowledge or belief, certainly there are none in science, which should be received with unquestioning faith and blind belief. Good can only result from a reëxamination of that which seems fixed, if only the inquiry be pursued in the right spirit, with a sincere desire for the attainment of truth. If the received doctrines are well founded, they will be but more firmly established for the investigation, or clearer reasons can be given for the faith that is within us; if they are false, or consist only of the best expressions for present knowledge, which certainly do not contain all the truth, and may not contain any of it, the sooner we know it the better, and begin to bestir ourselves to find out something better.

An enquiry into the functions of the liver and the extent to which they can be influenced by remedies, would then be justified under any circumstances; it is needed when physiology is rapidly advancing, when we have learned that much we thought certain is not so, and when the subject is one upon which the loosest notions exist, and in regard to which vague expressions too often take the place of scientific knowledge. But what shall we do if we dethrone the liver from its pathogenetic position? How shall we get along without attending to the "secretions?" And what will the patients with chronic ailments do, who now understand so clearly all about it when told the "liver is affected?" Poor liver! how much it has had to bear! nothing connected with the economy except "worms" has had so many sins saddled upon it! Yet if we abandoned entirely our usual expressions about this organ, the change would not be greater than it has been from the past to the present. In the time of humoral pathology, when the "humors" were the great offenders, "bile" and "atra-bile," played leading parts and gave rise to a crowd of diseases; putridity of the one caused tertians, and of the other quartans, and all was clear and every thing was lovely, because the expressions of the day stood for facts, and passed unchallenged by the profession or the laity.

The author of this paper boldly questions the truth of the generally received doctrines upon four points: the source of the bile—its function and destiny—its agency in coloring the fæces—and the power of mercurials to increase its secretion. Upon some of these points he has collected evidence which must carry conviction. Take the third point, as to the color of the fæces indicating bile, and usually received without question;

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it would seem as if the testimony is sufficient to satisfy any one upon a point which cannot be a matter of experiment or of personal investigation; and such a question as this cannot be to the great mass of practitioners, or even to the vast majority of students, under the most favorable circumstances. So, too, in regard to the cholagogue action of mercurials: we think many will be surprised when they see upon how slender a thread they have hung their faith. There can be no doubt, we think, that the generally received notion as to mercurials increasing the flow of bile is false; certainly we may say that the evidence to prove it is yet wanting. The secretion of bile is more influenced by the nature of the aliment taken than by any thing else except one, and that is, singularly enough, the ingestion of water, and more singular still, this does not, as would be supposed, cause the flow of an increased quantity of lower specific gravity, but increases the amount of solids secreted, although this is not always the case.* Opposite to this as the great restrainer of the secretion stands the bi-carbonate of soda, and we are told that "according to Müller and Kölliker, the *bi-chloride of mercury produces analogous effects.*" If iodide of potassium, or the salts of copper be taken, even in small quantities, they can be found in the bile, but calomel never. So, too, in the treatment of inflammation of the biliary passages, purgatives are recommended; but it seems that calomel is often preferred, but only on account of the cholagogue action attributed to it; and in the treatment of biliary calculi by purgatives, calomel does not possess any marked superiority.† This is all adduced by two eminent writers of very recent date, in favor of mercurials influencing the secretion of bile. Certainly if the proof were plenty upon so important a point, it would be forthcoming.

Of course it does not follow as a consequence of this, that mercurials are not beneficial, and that they should be abandoned. The great clinical question, "do they do good?" remains behind, and has no connection with an explanation of their mode of action. If we were called upon for a reply to this, our answer would be most decidedly in the affirmative; we think nothing of the effect of remedies which has come under our own observation is any clearer than this. Take, for instance, that condition so frequently seen in the pampered children of cities, called by some writers, "surfeit," by others "indigestion," and for which we think "gastric fever" a better name—a condition characterized by coated tongue heavy, fœtid breath, feverishness, and drowsiness sometimes so well

* Jaccoud; Nouveau Dict. de Medicin et Chirurgie Pratiques. Tome V.; Art. *Bile.*

† Luton; same volume, article *Voies Biliaires.*

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marked as to seem certainly indicative of serious brain disease, and nothing will so surely and speedily prove curative as calomel. We have tried other purgatives, and other remedies until fully satisfied; over and over we have had intelligent parents arrive at the same conclusion from their own observation. Upon the value of the remedy, then, we entertain no doubt, whether it produces its effects by increasing the secretion of bile, or by acting on the intestinal glands, or in some other unascertained way.

There is no doubt that Dr. H. can substantiate his position that the bile is not an excrementitious secretion, notwithstanding the high authority to the contrary; but a very small part of it is excreted with the fæces, not more than about one-fifth; the remainder of it is re-absorbed and passes again into the blood, more or less modified. Much obscurity, however, still invests this portion of the subject.

Whether the bile is formed from the blood carried to the liver by the hepatic artery, or the portal vein is a question which has caused no little discussion among physiologists, and upon which the affirmative and negative have both, at different times, been held to be true. The most recent researches seem to have decided the question adversely to the views held by the author of this paper. In 1862, Moritz Schiff undertook the solution of this most difficult problem, and pursued his investigation with every precaution against error; he arrived at the conclusion that in the normal condition the secretion of bile is exclusively from the portal blood, and that when the portal circulation is suddenly stopped, as by ligature, the production of bile immediately ceases, and the animal dies, poisoned by the retained excrementitious matters; when, however, the stoppage of the portal circulation is slowly effected, the secretion of bile may still go on, being kept up by the accessory portal veins; and in certain conditions, brought about by experiment, the bile may be formed from the arterial blood, but these conditions are purely artificial, and have no practical interest. These conclusions of Schiff have been adopted as reliable by the highest authority, and are looked upon as settling the question.*

But we have been betrayed into a discussion of the subject, farther, perhaps, than consistent with our present duty. The paper needs no praise from us; it is just the kind of article wanted, and we only hope the author will follow up the subject. We regret that he did not include consideration of what must be looked upon as *the* great question relating to mercurials, viz.: *do they control the process of inflammation?* Would

* Jaccoud, op. cit.

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that something were done to check the frequent and needless resort to this class of remedies; we do not think there need be any fear that the works of Bennett, and Tanner, and Flint will cause them to be too much neglected. We are fully satisfied that the foundation of quackery, under the name of "eclectic" or "botanic," was laid by the regular profession itself; the fabric rests in small part upon the prejudice of the uneducated in favor of vegetable remedies, but the greater part is based on the evil which has been seen by the common people to result from these remedies, evil which has arisen from the abuse and not from the proper use of them. We know that the profession is not sinning in this matter now as it has done in times past, but there is yet much room for improvement.

3. The paper by Dr. Weist, of Richmond, entitled "*A contribution to the statistics in relation to Foreign Bodies in the air passages*," is one of far more than ordinary character. Selecting an extremely interesting subject in practical surgery, the author has avoided theoretical disquisition and applied himself to the collection of facts. In this he has attained a success which must be looked upon as something remarkable, having gathered together the particulars in regard to no less than one hundred and twenty-nine of this interesting and important class of cases hitherto unpublished. It is impossible to make any selections from this paper with justice to it or to the subject; tables of cases cannot be isolated, and we must refer our readers to the original. If allowed to make one remark, it would be upon the extent to which the author seems to rely upon his statistics in support of the view that an operation is not necessary in these cases, or may be dispensed with without diminishing the patient's chance of recovery. But in deciding this question, the mortality after spontaneous expulsion cannot be ignored; Dr. Gross' statistics makes it 13 per cent., while the fact that Dr. Weist's tables do not contain a single death of this kind, is a striking instance of the fallacy of statistics and of the necessity of a large amount of such evidence before we can safely draw conclusions. So, too, the cases of "death without operation and without the expulsion of the foreign body," must be considered. In how many of these cases would life have been saved by the extraction of the foreign body? Out of twenty cases thirteen died from "suffocation," and the twentieth case, in which death was caused by inverting the body when a piece of walnut shell was the substance inhaled, is a striking instance of a fatal result from want of tracheotomy, and a lesson for the future.

We cannot but consider this paper a model one and a valuable contri-

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bution to practical surgery, highly creditable to the author and an honor to the Society. We shall be much surprised, too, if it does not attract considerable attention.

4. *Report on Cholera:* by GEO. SUTTON, M. D., of Aurora. An excellent paper, in which the author modestly sets down what he has seen of the disease, and it has not been little. The agency of human intercourse in propagating this pestilence is abundantly shown by the facts given in this paper. We are ready to agree to the majority of the author's conclusions, and think he deserves more credit than he will be likely to get for having so early pointed out the agency of the evacuations in spreading the disease, a doctrine which is now generally accepted and of the highest importance, in reference to preventive measures.

5. The next paper, on the *Collapsed Stage of Cholera*, by Dr. HAYMOND, is in direct contrast with the preceding. It contains no personal evidence whatever, nor does it seem based upon any, but is entirely theoretical. The views of writers are collated and very well presented. The pathology of the disease and the *rationale* of treatment are made very clear, so clear as to remind us that bold men rush in sometimes where the more experienced fear to tread. Had the author given the evidence upon which rests the efficacy of just one class of remedies which he says are "clearly indicated"—the sulphites—he would have done his professional brethren good service.

6. *Cerebro-Spinal Meningitis*, by Dr. JOHN MOFFETT, Rushville. In view of the interest excited in this disease, by its prevalence in many sections of the country as a most fatal epidemic, as well as by the fact that our knowledge of it is far from complete, it is to be regretted that the author of this paper did not give more definitely the symptoms of the cases he saw, the number of them observed, and especially the comparative mortality under different modes of treatment. We do not wish to do him injustice, but take, for instance, the important point of the eruption; he says "when it does obtain it is peculiar," but we are not told in what proportion of cases it appeared, and whether those with eruption ran a different course, or were more frequently fatal, than those without. So in regard to treatment; his experience seems to have led him to some very decided views, but the facts and figures would be far more valuable and influence others far more, than a mere general statement of his conclusions.

We believe the author is entirely correct in considering the disease a blood disease, upon which the meningeal inflammation is engrafted, and is of varying prominence in different cases.

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7. *Female Doctors*, by Dr. CLARK, of Richmond. We should join issue with this gentleman upon his first sentence; we do not believe that "woman is emphatically an aggressive being;" some women undoubtedly are. A fair out-spoken argument for or against the admission of women to the profession would demand notice; but when the author upon one page disclaims being in favor of their entrance into the profession, and upon the next advocates their admission "on precisely the same ground as males," to give them a "fair trial," it is a little too much like what politicians call "on the fence."

8. The paper upon *Tracheotomy* in croup, and other diseases, by Dr. HAUGHTON, of Richmond, is brief in view of the title, but contains some valuable statistics. It would furnish very desirable and much needed information if some one would ascertain how frequently membranous croup occurs in this part of the country. We remember well the saying of an old and experienced practitioner, to whose lectures we listened, that he had never seen a case of membranous croup west of the mountains. We cannot say the same, but they are certainly very rare compared with its frequency on the Atlantic coast or in Europe; so rare that we do not believe tracheotomy will ever be a frequent operation here. The great obstacle to its performance, when a case requiring it comes under observation, is the lack of information in regard to it by the public. In France, a medical man would probably be blamed if he did not perform or counsel the operation; but here the opportunity for it occurs so rarely that afflicted parents, ignorant of the probability of success or of any similar cases thus treated, are distrustful and unwilling to consent to a measure against which their feelings most powerfully plead. In diphtheria, too, the mortality is so great, even as shown by the table in this paper, that we do not see how the operation could well be recommended.

Dr. AYRES' paper, on *Epidemic Dysentery*, belongs to a class of papers of which we need many more, and which do essential service in filling out the medical statistics and medical history of the State. As we learn, however, that this paper has been printed in a very much abridged form, it would be unfair to make any comments upon it.

On the Relation which Electricity sustains to the Causes of Disease. By S. LITTELL, M. D., Emeritus Surgeon to Will's Hospital for Diseases of the Eye and Limbs, Philadelphia.

We desire to call the attention of the profession to this very interesting monograph, which was published originally a year or two since in the Transactions of the American Medical Association.

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The ability of the paper, the importance of the subject, and the comparative neglect which it has received from the great mass of the profession, fully justify us, even at this late day, in calling the attention of physicians to Dr. Littell's views.

The author has given much thought to the relation of electricty to the causation of disease, and therefore his opinions are of much value. We have studied his brief monograph with more than ordinary interest, and attach to the views therein contained great consideration. The logic is sound, and the numerous facts Dr. Littell brings forward to corroborate his theory, are well calculated to carry conviction to the unprejudiced mind.

The first point of interest is the fact of the discarding the malarial and animalcular theories of the causes of endemic and epidemic diseases, and substituting the ordinary and proximate cause, atmospheric electrical changes. Instead of malaria entering the blood, and by its poisonous influence creating fevers, he argues that these conditions are induced by negative electrical influence in the system, enervating the brain and nervous energies. Whether the conclusion be true we are not prepared to say, but the malarial theory is vague, and does not satisfactorily account for the origin of fevers. A fact observable by all is, that a hot, rainy, summer season, especially the latter half, is productive of this class of diseases. To attribute their presence to vegetable decomposition, charging the atmosphere with impure gases which poison the blood, is mere presumption, not having, to my knowledge, a fact to sustain it.

The mere fact that intermittents are more prevalent in marshy districts and near stagnant pools, is not conclusive evidence that they are produced by decomposing vegetable matter. That impure air does exert a baneful influence upon the health of a community, by weakening the chemico-vital power of the system, is highly probable; but that it is the proximate and chief cause of fevers is not so probable: the effects of electrical changes in the atmosphere, better account for their origin and prevalence in the localities referred to. The atmosphere is thoroughly permeated by an element known as electricity, which, probably, exerts as powerful an influence in the maintenance of health and the production of disease, as any other agent in nature.

The feeling of lassitude and disinclination for exertion, which follows being placed in an atmosphere negatively electrized, is also developed in malarious localities; here warmth and moisture are found, and these conditions are favorable to the abstraction of electricity—heat evaporates the water, and water, being a good conductor, conveys away the electricity,

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leaving the atmosphere deficient in that vitalizing agent. A law of nature is to harmonize her forces. To effect this it is necessary that the organic should give up to the inorganic world enough electricity to bring about unity and harmony; the result is that as the cause is operative, so is the character of the disease intermittent, remittent, or continued.

Dr. Littell believes* that many of our diseases, cholera, diphtheria, influenza, hooping-cough, erysipelas, dysentery, etc., are caused by the negatively electrical condition of the atmosphere. Of cholera, he says: "'The epidemic cholera furnishes another illustration of the manner in which disease is produced by great exhaustion, or abstraction of nervous power. Under the operation of its exciting cause—which, as will be presently shown, has been almost demonstrated to be deficient electricity—the enervation is greatly lessened or suspended; but owing to some predisposing influences affecting the nerves of organic life, determination is chiefly to the mucous membrane of the intestinal canal, the capillaries of which lose their tone, and permit the serous portion of the blood to flow unrestricted through the myriad apertures."

The view taken of this subject is not wholly speculative; many stubborn facts corroborative of its correctness might be cited. Experiments have conclusively proven that during the prevalence of epidemic cholera, there is a diminution of magnetic power. In 1849, when cholera prevailed in South Shields, England, from observations carefully made by Mr. Mather, it was ascertained that the magnet would carry but one pound ten ounces, whereas, ordinarily, it sustained two pounds and ten ounces.

In the same year cholera prevailed to an alarming extent in Paris, until

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* "Were it true that intermittent and remittent fevers owe their origin to paludal exhalations, or to miasmata however generated, we should naturally expect to find them most prevalent when vegetable decomposition is greatest; but a moment's consideration will show the reverse of this is true. In the Middle and Western States, and perhaps throughout the country, September is the sickliest of the autumnal months; and yet vegetable life still flourishes, often in almost undiminished vigor, the foliage preserves its freshness and verdure, and nature exhibits few symptoms of approaching decay. The days moreover have become considerably shorter, the weather cooler, and it is evident therefore not only that matter for decomposition is not supplied in greater abundance, but that the circumstances which concur in that process are really less active than they were in the preceding months. Those seasons, also, which are characterized by an unusually late fall—vegetation being fostered by timely rains and long unchecked by frost—are precisely those in which autumnal fevers prevail more extensively, though, owing to the system being less exhausted by heat, of a milder type than under other circumstances. When such conditions exist, they are found not only in localities where we should expect to meet with them, but also on elevated grounds and often in the very heart of our cities. Facts like these cannot be accounted for on the theory of miasmatic exhalation, but receive a ready explanation from the known action of humidity in increasing the conducting power of the atmosphere, and thus giving greater effect to electrical changes."

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the 8th of June, when a thunderstorm of unusual severity occurred, after which the force of the disease began to diminish; by the 18th of June the daily death-rate had been reduced from six hundred and twenty-three to one hundred, and at the end of the month, to thirty. Observers with one accord testify their inability to produce electrical currents of much force during cholera epidemics. Many instances of like character might be adduced, but we have not the space to consider them.

In concluding the argument on cholera, Dr. Littell, says: "I have dwelt the longer upon this subject in its connection with cholera, because if the argument be deemed conclusive in respect to that disease—and I do not see how its force can be evaded—it will create a strong presumption of the similar causation of other epidemic complaints; the process in all cases being the same, though the effect, which is determined by local circumstances, may be as various as the tissues and organs acted upon; thus demonstrating, among other things, so far at least as its etiology is concerned, the essential unity of disease."

This notice might, with profit, be extended to much greater length; but we have aimed only to present a few of the most prominent points which Dr. Littell has brought forward. J. A. C.

PROCEEDINGS OF MEDICAL SOCIETIES.

Berkshire District Medical Society.

[We are indebted to our young friend and pupil, Mr. Harry D. Pierce, of Indianapolis, for the following portion of the proceedings of the Berkshire District Medical Society, at a recent meeting at Pittsfield, Mass. The names of both Professors Storer and Greene are well known to the profession, and therefore additional interest attaches to their remarks.]

The report of the Massachusetts Medical Society was read, in which it was stated that a large majority vote had been passed against the admission of female medical students into the Massachusetts Colleges.

Dr. Storer then remarked that he had tested this matter thoroughly; that he had formerly a female assistant in his office, for a year or more—a lady of eminent ability and of most excellent education, having been under the tuition of some of our most able teachers—and, in addition to all this, had seen considerable hospital and private practice. Yet, not-

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withstanding all these advantages, she failed to possess those qualities which are absolutely necessary to make a trustworthy practitioner of medicine. That the periodical disturbance of the nervous system, attending the catamenia to which every woman is subject, physiologically unfits her, however masculine, however well educated, or however ambitious she may be, to perform the duties or to bear the responsibilities of a medical practitioner.

Dr. Storer also spoke of the deleterious influence of excessive sexual intercourse upon the uterus. He stated that a great many uterine diseases, especially those of an inflammatory character, are produced, without doubt, in many instances, by the excessive virility of the husband. That in many families the desire for sexual intercourse is developed to a much greater degree in the husband than in the wife. And that in many cases, where the husband attempts to fully gratify this desire, as is usually done however disagreeable and painful it may be to his companion, the constant irritation, aggravated by the fact that the practice is disagreeable to the wife, very frequently resulted in some form of metritis, or inflammation of the os and cervix uteri.

He also stated that, in cases of inflammation of the uterus, or its appendages, the success of treatment depended in a great measure upon abstinence from coitus for a considerable period.

Dr. Greene reported a case of strangulated hernia in a woman in the eighth month of pregnancy. He performed the operation successfully, and as the effects of the ether passed off labor pains came on, the woman being delivered of a large, healthy child.

He then introduced the subject of fever thermometers; made some remarks upon their use in diagnosis, in illustration of which he mentioned a case of severe cerebritis, in which he was enabled to form a correct judgment of the case by the aid of this instrument.

It was then remarked that these thermometers were very prone to mislead, from the fact that they become incorrect after being used a short time. The change is owing to a change in the glass containing the mercury. It is necessary in the manufacture of the instrument, to subject the glass to a great heat. This so alters its quality as to render subsequent changes inevitable, which necessarily occasion, after a time, incorrectness in an instrument which was perfectly correct when manufactured. Therefore the necessity of testing thermometers once a year or oftener.

Dr. Storer then, in reply to questions put to him, remarked that injections into the cavity of the uterus were unsafe; that death was sometimes occasioned by the shock to the system which they produced. In

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other cases peritonitis resulted from the passage of the injected liquid through the fallopian tubes into the peritoneal cavity. But that the introduction of semi-fluid substances, solid caustics, and even the actual cautery, he was accustomed to make use of.

Jay County Medical Society.

JAY C. H., JAY CO., IND., AUG. 23d, 1867.

MR. EDITOR:—SIR: Please announce in your Journal the organization of a Medical Society in Portland, Jay County, Ind., to be known by the name of the "Jay County Medical Society."

At a meeting held on the 20th of July, 1867, Dr. Arthur was elected President, Dr. Hearn, Secretary, Dr. Read, Treasurer, Drs. Freeman, Vance and Cox, Censors; to continue in office one year.

Yours, truly, THOMAS HEARN, Sec'y.

Brainard Medical Society. Third Bi-monthly Session.

Pursuant to adjournment, the Society met in the Court House, in Winemac, Pulaski county, Ind., Aug. 6th, 1867, and was called to order by the President, Dr. F. B. Thomas.

The following members were present, F. B. Thomas, A. M. Pearson, J. H. Smith, H. Kittinger, A. McD. Thomas, I. Underwood, L. D. Glazebrook, James Tolerton, Wm. Kelsey, J. P. Sinclair and J. B. Washburn.

The names of Drs. J. B. Hoag, of Knox, Starke Co., and D. H. Thornton, of Medaryville, Pulaski Co., were proposed for membership.

Dr. Smith offered an amendment to the 1st article of the Constitution, changing the name of the Society from "Pulaski County and Vicinity Medical Society," to "Tippecanoe Medical Society."

Dr. Washburn proposed to amend the amendment by substituting "Brainard" for "Tippecanoe," which was accepted by Dr. Smith, and the amendment as amended, passed without opposition.

After miscellaneous business had received its due share of attention, the Society adjourned to meet precisely at 1 o'clock.

AFTERNOON SESSION.

The Censors reported favorably in the case of Drs. Hoag and Thornton, who were admitted to full membership by signing the Constitution.

On motion, Dr. Hoag was invited to read an essay on the "Dignity of the Medical Profession," which was unusually interesting.

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Dr. Glazebrook read an essay on Hygiene, which showed that the Doctor had given the subject more than a passing notice.

Dr. A. Thomas presented a case of skin disease which was rare, and interesting to many of the members who examined it, and gave their opinions and treatment.

Drs. Hoag and A. Thomas, each reported cases of *Diabetes Mellitus*, with history and treatment of the same.

The subject for discussion, "Cholera," was announced and discussed by Drs. Glazebrook, A. Thomas and Washburn.

The question for discussion at the next meeting is, "How do medicines act?"

On motion, the Secretary was ordered to remodel the fee bill by attaching the names of the members.

On motion, the proceedings were ordered to be published in the county papers, the *Western Journal of Medicine*, and Chicago Medical Journal.

On motion, adjourned to meet in Winemac, Ind., Tuesday, October 29th, 1867, at 10 o'clock, A. M. I. B. WASHBURN, *Secretary*.

OBITUARY.

Dr. J. W. Moody.

DIED at his residence in Greensburg, Ind., on the morning of August 17th, JOHN W. MOODY, M. D., aged fifty-one years.

My acquaintance with DR. MOODY began at the close of the year 1860, when I entered his office as a student of medicine, and was of the most intimate relation until his death. From the very first I learned to love and venerate the man.

"He was my friend, faithful and just to me." His genial face, commanding aspect and dignified manners always made him friends.

DR. MOODY was born at Shippensburg, in Pennsylvania, and graduated at Washington College, in that State, while a mere youth. He then began the study of medicine, and after completing his studies, came to Indiana, and located in the town of Greensburg, in the year 1839, and from that period until his death, was engaged in an active and arduous practice.

A few days before his death, while riding in his buggy, he received a partial sunstroke, from which resulted inflammation of the brain, terminating his existence.

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DR. MOODY was one of the most humane and tender men I ever knew. Kindness was a habit with him. What many regarded as harshness in him was simply firmness as a sense of duty. He never forgot a friend, and was neither servile nor obsequious.

He was a remarkable man. His perceptive faculties were very acute and active. An arduous practice allowed him but little time to spend with books, but he managed to keep posted with the advance of medicine. He seemed to learn by intuition.

Since the year 1861, to the close of his life, he was one of the Commissioners of the Indiana Hospital for the Insane, a position which he filled faithfully and creditably to himself, and with benefit to the State, and hundreds of unfortunate lunatics.

He leaves a wife and two sons to mourn the loss of a kind and affectionate husband and father. Their loss is irreparable, and the grace of God alone can sustain them in such a trying hour.

It has been said that "The place for man to die, is where he dies for man." To receive into his own breast the arrow aimed at his patient, should be the highest ambition of the true physician. We admire the man who falls at his post—physician as well as soldier. DR. MOODY was faithful to his trust. At the close of his life he could look back on a brilliant career spent in alleviating the ills and sufferings of his fellow men—a life of self-denial, toil and sacrifice. The blessings of those he labored for shall be his reward. Sir Walter Scott beautifully expresses the sentiment in the story of the "Heart of Mid-Lothian," where Effie Deans is condemned to death, and her sister personally pleads with the Queen for her life: "Oh! my leddy, when the hour o' trouble comes, that comes to mind and body, and the hour o' death comes, that comes to high and low, it is na' what we ha' done for oursel's, but what we ha' done for others, that we think on most pleasantly." G. W. H. KEMPER.

Muncie, Ind., Aug. 21, 1867.

DEATH OF VON RITGEN.—Germany has just lost one of her Nestors of Obstetrics in the person of Ferdinand August Maria Franz von Ritgen, who died in April last, at the age of 80 years.

Almost a generation has passed away since he was recognized as a leading authority in his favorite speciality, and his public career has been a singularly unbroken one, he having been for fifty-three years Professor of Obstetrics and Director of the Lying-in Hospital at Giessen.

But he did not confine his attention to a single branch of medicine; his great and varied powers enabled him not only to pursue but to advance

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other branches of medical and natural science. He lectured many years upon mental pathology, and his writings upon zoology, botany, geology, and even astronomy, were numerous and valuable.

Although he published several treatises of standard value upon obstetries, he was chiefly known to the profession by his connection with, and contributions to, the *Monatsschrift fur Geburtskunde.* This journal was first issued in 1826, under the editorial management of Busch, Mende and Ritgen; and not only did the deceased outlive his colleagues, but their successors also, d'Outrepont and von Siebold, and during this period of forty-two years scarcely a number appeared without containing something from his pen.

Besides great intellectual powers, and a peculiar independence of judgment, he was noted for his untiring industry, and in this respect would serve as a model for young men of the profession who would attain excellence. Only last winter, notwithstanding his age, he delivered his lectures upon mental pathology at seven o'clock in the morning, and he alone of the faculty chose that hour.

He departed from life without realizing a cherished wish of celebrating the sixtieth anniversary of his entrance upon professional duties; the "jubilee" would have arrived next year, and in Germany great stress is laid upon duly celebrating such anniversaries. R.

MISCELLANY.

Hygiene of Dwelling Houses.

The infirmities of our bodies are either inherited or acquired. Over the genesis of the imperfections we inherit, we have no control, but we may do much to disencumber ourselves of the bad consequences of what our ancestors did amiss.

Our acquired physical disabilities are either avoidable, or unavoidable; and the former spring, for the major part, from four principal sources, viz.: bad dwellings, unwholesome food, corrupting habits, and the use of erroneous measures to correct the evil effects that arise from the preceding three.

The structure and condition of our dwelling places are a fruitful source of the distemper of our bodies. The great mass of the people are gov-

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erned by three leading ideas, in the construction of their houses. In the first place, the habitation must be made to present as beautiful an appearance, both internally and externally, as is compatible with the amount of money invested; this idea may be said to be almost universal. In the second place, they must be made convenient; this idea controls only a part of those who build houses, but when fully developed it overrides every other consideration. And in the third place, economy both in money and space, is of paramount importance; this idea, also, governs only a part of house builders.

No one of these three ideas should be the primary one in the construction of a building intended for the habitation of man—nor other animals either, for that matter. But the governing principle in every instance of the kind, that which should stand first, and maintain its position all the time against every species of innovation and all manner of opposition, is hygiene. Beauty and adornment, convenience of arrangement, and economy of every kind, should alike be subservient to hygiene; either may be secondary, tertiary, or quartanary, but never primary.

I hold it to be a necessary part of the knowledge of a good doctor, to understand what a healthy house is, and to be able to impart that knowledge to others; it is an essential and indispensable part of his training, without which he should feel that he is not yet qualified to be a medical adviser; and the members of a community should not knowingly trust any one with the supervision of their health who is deficient in this department of his education. A physician should be as competent to advise his patron how to build a house to make it salubrious, as to tell him how to rear his children to make them robust; and he should be as capable to suggest the necessary alterations in a defective house, as to prescribe for a man in a pathological condition.

In the open air, fully exposed to the constant currents of the ever-changing ocean of atmosphere, and warmed by the daily returning sun, would produce and maintain in man the most perfect degree of physical development if it were not for certain meteorological excesses. The currents of air are frequently too strong, and man must be shielded from the rude blast; the sun is sometimes too hot, and man must be screened from the excess; the atmosphere is often too cold, and it must be warmed for man's use; and occasionally there is too much water, in the condition of rain, and man must be protected from the rain.

Dwelling houses are the means used to protect man from these excesses, and they should be so constructed as to do this service, and nothing more in this direction. While they keep out the storm, they should admit fresh

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air in abundance, to every apartment, day and night, and this should be constantly changing, whether the apartment is occupied or not. They should admit a full supply of light at all times, and sunlight when the heat of it is not in excess. And they should, especially, be free from dampness and stagnant water. These points being fully attained, the builder may add as much convenience as his genius can devise, and the ornate be limited only by his taste and his means.

How many houses are so constructed as to fully compass these essentials to healthy habitations? Not one in a thousand, I ween, and not only dwellings, but halls, churches, school-rooms, cars, boats, and places of business, are built with a minimum amount of attention to the laws of hygiene, though I am apt to believe that in apartments intended for the accommodation of numbers of people, there is a sharp awakening to the necessity of giving attention to proper ventilation at least. And yet there are many good men who can scarcely be brought to a proper appreciation of this point. Quite recently a committee of three was appointed to erect a school house in a district in Indiana. When the plan was completed, one of the committee suggested that proper provision had not been made for the ingress of fresh air, nor the egress of bad. The others of the committee decided that with stoves to warm the rooms, and doors and windows to regulate the heat and admit fresh air, all was done that was necessary, and they would not incur further expense to carry out any new fangled notions about ventilation. So the children in that district will be divided into two classes for the winter schools, one class will scorch by the stove, and get sick from overheating, while the other will freeze by the windows, and get sick for want of sufficient warmth.

An architect in Philadelphia lately made the drawings for an extensive building in New Jersey, to be used for educational purposes. An acqaintance of mine examined the draft, and was full of admiration for its completeness, in every particular, except ventilation. On asking the architect why he had left some rooms without any provision for ventilation, and all of them without that which was adequate, he replied that the directors who controlled the affair, absolutely refused to expend any money specially to ventilate, and this, although they were quite liberal with allowance for ornamentation.

Perhaps, however, it is humidity conjoined with stagnant air, that is chargeable with the greater amount of mischief in ordinary dwellings. Most of our humble houses, and many of the more pretentious ones, have outside walls of the thickness of one brick lengthwise, without protection, externally, from paint or anything else. Unpainted bricks are fair con-

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ductors of water, and readily transmit a part of the rain that impinges against such a wall, through it to the inside. A few years ago I happened at a friend's house, just after a rain storm. My friend took me to an upper unplastered room, and pointed to the water on walls at every "header" course of bricks, which he said had been *driven* through the bricks by the storm. The simple truth was, the wind continued to blow the rain against the outside of the bricks long enough for them to absorb and transmit it to the inside. The only difference between that room and the others in the house, was that the plaster on the walls of the others did not allow the humidity to show itself so soon in them, as did the naked bricks in the first room. I once occupied a rented house, badly built and finished, and slept in an upper room with three sides exposed to the weather. On very cold mornings in winter, the plaster on the exposed walls was studded with crystals of congealed water, that glittered in the early light like the scintillating gems of a fairy grotto.

A very elegant house in the city was shut up and left for sale by its owner, when he removed to another city. It stood alone in a large lot, surrounded by trees. It had brick, nine inch, exterior walls, plastered on the interior, and the principal rooms handsomely hung with costly paper. The house was closed for a number of weeks, in warm wet weather, and when it was sold and opened, the walls were covered with a dense growth of fungi, discoloring everything, utterly ruining the paper hangings, and giving the premises such a musty odor as to render the house uninhabitable until it was cleansed and renovated. With such houses as these, warmed in winter by stoves that heat the tainted air over and over again without changing it, is it any wonder that the inmates suffer frequently with catarrhs, and ultimately become the victims of tuberculous or other cachetic disorders. In truth, consumption itself is not so much a necessity of our climate, as it is the result of our irrational way of living in it. If our phthisical patients improve by a residence in Florida, it is because the mild temperature there permits them to be out of doors constantly; if they get better in Minnesota, it is because of the great abundance, and free use, of God's pure air, and that the unsophisticated people have not learned to make palatable food and invigorating beverages, by diabolical art, out of stale, effete and poisonous material.

No dwelling should be built with a nine inch outside wall of brick, and the plastering should never be on a solid outside brick wall of whatever thickness. All outside brick walls should either be hollow, or furred on the inside, leaving an air chamber as a nonconductor of heat and moisture between the exterior and interior surfaces. This will not only prove

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a source of great comfort both in extreme cold and hot weather, but will, also, be of paramount sanitary importance. A medical friend in Ohio, came into possession of a small farm, including a mill and mill pond. The dwelling house, an old and dilapidated one, stood two or three hundred yards south of the pond, and every family that had lived in it for years, had been subject, more or less, to intermittent fever. Many persons marvelled at my friend, being a physician, that he should think of improving such a locality for a residence. He believed that with a properly constructed house, neither the proximity of the mill pond, nor anything else would induce intermittent in that situation. Accordingly he tore away the old brick house, with its vines and shrubbery, and erected in its stead a very handsome dwelling of wood. He first prepared a dry, airy cellar, and on that he built a firm, well ventilated, triple walled house, *i. e.* the outside was weather boards, the inside was plaster, and midway between them was a third closely plastered wall, making three walls and two air-chambers all around the house. Himself and family, consisting of an average of ten persons, have occupied that house for nine years, and not one of them has suffered from ague or any other malarial disease.

Dr. Drake, I believe it was, several years ago, published that a family, living in a log house, were afflicted for a long time with some disorder that he was certain had its origin in a local cause; still, with his utmost research, he has not been able to detect the cause until he accidentally happened to punch his cane into a soggy, decaying log in the foundation of the house. He caused the offending log to be taken out, and a sound one substituted, the family soon recovered their health, and were not again affected in that way.

Dark, damp, warm quiet places, are admirably adapted for the growth of fungi. Many cellars beneath our houses are endowed with all these qualifications, are fruitful sources of ill health to the inmates of the houses above them. Sometimes we can attribute particular diseases directly to the influence of these parasitic vegetables. Dr. A. N. Bell, in his instructive little book, "A Knowledge of Living Things," gives the details in an instructive instance, where intermittent fever was quite satisfactorily traced to the presence of mouldy pecan nuts in the ward room of a ship, in the Gulf of Maracaybo. In this case the fungi not only adhered to the outside, but in some way penetrated the nut and destroyed the kernel also. Our professional books give many examples of similar import. Of course, our cellars do not afford conditions for such rapid development of fungi as is found in dark, damp rooms in the tropics, and we must not

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therefore, expect to find such immediate and palpable mischief, but we may rest assured that while no care is taken to light, dry and ventilate our cellars, we can not have healthy homes above them.

I can not, in a paper like this, go into details of the proper hygienic construction of houses, but I may repeat, briefly, that every room should be open to the sunlight, with ample provision for the inlet and exit of air, independent of the doors and windows, and full protection against damp walls, and foul, dark cellars. And not only in the house, but about it, also, should the air circulate freely, and the sunshine have free access and full effect to keep the tenement dried and lighted. Vines, creepers, shrubs and trees should be so disposed and arranged that their shade shall not harbor humidity, nor their presence call into life, nor maintain the residence of, the lower orders of either the animal or vegetable kingdom.

The ground, too, surrounding the dwelling should be adjusted to thorough drainage, leaving no tardy streams, nor stagnant pools, to fester in the sun, and foster bad odors, and produce health-destroying miasmata.

And, finally, let every physician have the hygiene of houses and their surroundings at his finger's end, so that he can instantly hand the knowledge to his patrons whenever it may be required, remembering always, that it is a higher attainment in professional science—that he shall be more honored for exercising his art, to prevent than to cure disease.

Richmond, July 1867. J. F. H.

The Scarcity of Working Medical Men in America.

It is a deplorable fact, that we have very few actual working men in our country. The desire for large practice has taken such a possession of us that we have lost sight of everything else, and like a dangerously fascinating whirlpool it has swallowed up in comparative oblivion some of the best minds in the profession. A distinguished medical writer has truthfully said, that a large metropolitan practice is the bane of professional progress. To a certain extent, the allurements held out by a large business are such as none can altogether withstand; the possession of a handsome brown stone front, a splendid driving establishment, and a richly furnished office, with the attendant luxuries that associate themselves with a handsome living, are temptations which Americans especially can not be proof against, and we are fast beginning to think that such is, after all, the main object to be attained. It is true we occasionally deplore the existence of so few scientific observers in our midst, but our consciences very rarely do more than temporarily upbraid us for our lack of enthusiasm in the prosecution of our studies, and we soon settle down into an apathy which is both enervating and dangerous.

In other countries this is not so. There are greater numbers to be

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found in Europe, especially, who are constantly laboring in the cause of science, patient observers, careful thinkers, and sound students, who are only content when they are enabled to add some new fact, or make some new discovery, which may not only benefit their race, but their profession. We are often led to envy such, but we very seldom go further.

As an evidence of the want of interest in scientific pursuits, we have but to refer to the paucity of communications of those of our representative men to the columns of the medical journals, and the small number of works that are issued by the American press. There is some good reason for this in a want of something to say, and in an absence of an originality of thought and observation which is always associated with a lack of study and reflection; but even those who are the exceptions to the rule, who really labor for the advancement of their calling, stop just short of doing the most good by the publication of their views to their brethren. With a few notable exceptions, no standard works have been issued within the past few years, comparable with the amount of talent which might be developed by patient industry on the part of its possessors. The standard medical literature of our country is so deplorably deficient that we are still hanging to the skirts of transatlantic authors, and refusing to help ourselves with the abundance from our own storehouses, and develop a home literature that would be a credit to the profession of the Western Hemisphere. Our book authorities can be numbered by a dozen or two, and this in a country peculiarly blessed with the means of most extended observation.

When a fresh graduate first embarks in business he seems fully imbued with the idea that a life of study and hard work is before him, and with the best of intentions resolutely sets himself at it. But how soon does he forget his duty! His microscope is liable to become dirty and neglected, his books quietly rest upon his shelves, and every other interest lost, save that which centers itself upon a large and lucrative practice. If half the work were devoted to study which is now bestowed upon the hatching of a good bank account, how much better off would be our profession, and of how much more service we might be to humanity. The main trouble is, that we are not content with a livelihood, but must aim for fortunes, and really degrade our profession to the merest trade. A physician's actual worth is not now measured so much by his skill as the extent of his business, and bewildered with the hope for a like success, too many are greedily following in his footsteps.

We contend that no amount of business should deter any medical man from continuing his studies, and with the really industrious man it does not. We know of a few who, although in extensive business, can always find time and opportunity to unravel the mysteries connected with a post-mortem examination, and even search up the literature of any particular subject connected with a case under investigation; and of others, unluckily greatly in the minority, who devote the early morning hours to reading and research, who never neglect to record their cases as they occur, and who take every pains to inform themselves of what is going on around them, and who are in reality the thinking, progressive, and original men in our ranks. It is not expected that every one will be an originator; but if he can not lend a helping hand himself in developing the resources

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of our art, it is his bounden duty to keep himself at least informed of the doings of others, and take every advantage which experience and observation can give. But so seldom is this done that the performance of such a duty is an exception to the rule. We have known physicians who have allowed books upon subjects which should materially interest them, to remain for months upon their tables without the leaves being cut, and journals to lie piled in the corners of their rooms not even divested of their wrappers. This, we will admit, is an extreme case; but a great majority of our practising physicians do not do much more.

In times gone by the actual making of money was considered as secondary to the study of disease and its phenomena; there was that ardent desire for advancement and discovery, which centered itself in the renowned John Hunter, who, when disturbed in the midst of his expe ments by a patient, only reluctantly left his subject, because he thought his family might have use for the guinea on the morrow. There are too few who practice on such a principle, too few who would develop such a relish for improvement as would enable them thus profitably to fill in their spare hours.

It is shameful, too, to notice what a small amount of work is done in our large societies. We might instance that of the American Medical Association as a striking example. Year after year committees specially appointed to report on different subjects fail to make any reply; and the majority of their members, although appointed with reference to their qualifications for the task, do not care even to offer a reasonable excuse for the non-performance of a duty. Then again the comparatively small number of competitors for the prizes, is another indication of the growing indisposition to do anything more than the mere attendance upon their patients involves.

We are not led to make these remarks in the hope that we can offer any particular remedy for the evil, but merely to allude to its existence as an explanation for the paucity of standard works among us, the small number of illustrious names, the almost total absence of original observations compared with what has been done, and is being done elsewhere.—*Medical Record, August* 15, 1867.

Photographic Surgery.—An unusual application of photography has latterly been mentioned in the French papers. A gentleman who had married a young and handsome lady, of whom he was extremely jealous, was obliged to apply to a surgical celebrity of Paris, on account of a boil which caused the young lady great agony, and was situated about the cardiac region. To allow of an inspection was out of the question, and nothing could induce the husband to sanction it. The surgeon declined prescribing blindfold, but the difficulty was overcome by the gentleman's skill in photography and tinting. He presented to the doctor the exact fac-simile of the affected part, was told what course to pursue, and report progress in a few days. This was done very punctually, and a second photograph presented. After three or four visits of this kind, the wife was well, and the husband much pleased with the success of his contrivance.—*Lancet, Aug.* 3.

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Physiological and Therapeutical Action of Cod Liver Oil.

"The minute division of the iodine in Cod Liver Oil, the particular state in which it exists, must singularly facilitate its absorption by the tissues, and can in this way contribute more than the absolute proportion of this substance to the marked effects which this oil exerts on the animal economy.

"Also, iodine in the oil is not eliminated from the system, *as the other soluble preparations of iodine;* in this elementary combination its action is slower, more regular, and more persistent, as it is successively set at liberty in the economy, in proportion as Cod Liver Oil is gradually decomposed in the blood."

BOUCHARDAT, *Professor of Hygiene, at the Academy of Medicine, Paris.*
[Manuel de Matiere Medicale, page 738—1856.

The action of cod liver oil on the system is a double one; it is nourishing by its fatty elements, and curative by its medicinal bodies—iodine, bromine and phosphorus, which it naturally contains; and to these three substances must be attributed its superiority over other fats or oils, either animal or vegetable, in the cure of diseases. These facts, discovered and proven by physiologists in their experiments on animals, and confirmed by the experience of physicians in their daily practice, have been corroborated during the last eight years, in a most illustrative manner, by the administration, to a large number of patients, of a cod liver oil five times richer in iodine, bromine and phosphorus than any of the cod liver oils known before.

Cod liver oil, as well as other fatty substances, when taken in too large quantities, is apt to disturb the stomach and derange the functions of the intestinal canal. Only a small quantity can be digested and assimilated, the rest passing off unchanged, producing more or less frequent and abundant alvine evacuations, in which are contained the superfluous oils or fats. Observations prove that the gastric juice has no action whatever on fats or oils, the pancreatic juice being the only body which, by its emulsive proporties, causes the absorption of these substances into the economy; and, therefore, all the oil not emulsionised by the pancreatic juice is evacuated by the intestines just as it was taken. The knowledge of this important fact is due to the recent observations of Claude Bernard, a well known authority in physiology. The oil, once emulsionised by the action of the pancreatic juice, is brought into the general current of the circulation as follows: It is first taken up by the chyliferous vessels on the surface of the small intestines, and passing through the mesentric glands and thoracic duct, is discharged in the left subclavian vein, where it mingles with the venous blood returning to the right cavities of the heart. The blood and the fresh nutritious elements, furnished by the two subclavian veins, are passed into the lungs, to be there oxidized and altered; while passing through the pulmonary circulation, the oily molecules are modified, and almost all of them destroyed. The blood, then, ready anew for nutrition, passes in the left ventricle, to be thence distributed through the arterial system, carrying along with it some oily globules left undecomposed, during their speedy passage through the lungs, said oily globules being afterward successively altered in the circulating blood.

The medicinal oil, evidently brought undecomposed into the lungs, and partly in the general current of circulation, is there modified, losing not only its emulsive form, but also its oleagineous characteristics, so as to

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constitute a part of the arterial blood. Iodine, bromine and phosphorus are then set free, during the process of nutrition of the tissues, each part of our system appropriating to itself the substance it needs.

The tissues, in contact with the nutritious blood, having a tendency to appropriate to themselves the elements most proper to maintain their healthy condition, or to alter it when unhealthy, is it not judicious to conclude that the lungs first, and then the rest of the system, when affected with bronchitis, phthisis, scrofula, under any variety, or rickets, etc., etc., are highly benefitted by the healing and restorative action of the oil and its medicinal constituents, minutely, naturally, and persistently brought in contact with the diseased parts?

That oils and fats are successively carried through the economy, and transformed as above described, is amply demonstrated by the experiments of the most eminent and modern physiologists, such as Claude Bernard, Tiedemann and Gmelin, Leuret and Lassaigne, Landras, Bouchardat, Delafond, Gruby, L. Corvisart, J. C. Dalton, A. Flint, Jr., R. Dunglison, etc.

We must not forget this important point, that oils or fats go into the blood undecomposed and unchanged, being merely infinitesimally divided by the pancreatic juice; but if oil contains substances, in a close chemical combination, so that they cannot be easily separated, these substances will of course be carried into the blood with the oil itself. This is just the case with Fougera's Cod Liver oil, which contains a large proportion of *iodine*, *bromine* and *phosphorus*. Iodine and bromine have so strong an affinity for oil that they cannot be easily separated from it by chemical reagents, not even strong sulphuric acid. They must, therefore, be carried with the blood and, liberated when the oil is transformed, in the process of nutrition, into its elements, and becomes the chief agent by which the heat of the body is maintained. Knowing that to the nutritive property of the oil is superadded the alterative, fluidifying and stimulating power of a comparatively large quantity of iodine, bromine and phosphorus, who can doubt the efficacy, as a medicine, of this new cod liver oil?

Phosphorus, a part of our brain and bones, is a powerful diffusible stimulant, exciting the nervous organs, hightening the muscular power and mental activity, and relieving the despondency of mind occasioned by so many serious diseases.

Iodine and bromine are superior to all alteratives for improving and purifying the depraved nature of the blood. They are the best remedies we possess for checking and controlling the swelling and induration of the glandular system, the ulcerative process in scrofulous complaints, the diseases of the lungs, etc. Obviously the main point in such affections is to check and control at once the ulcerative process, and to do so it is of the greatest importance to use *prompt and active medication.*

Until of late, natural and pure cod liver oil has been the best remedy, and the one most used, with more or less success, in diseases of the lungs, when of a tuberculous character. The period of the malady, when the oil was first employed, and also the strength and purity of the remedy, accounting for the success or failure.

Pure cod liver oil is more likely to cure consumption, scrofula, rickets,

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swelling of the glands, etc., in the first stage of the disease; in the second and third stages it mitigates the severity of the symptoms and prolongs the life of the patient, but seldom saves it.

The reason for this difference of action is simply that the pure oil contains iodine, bromine and phosphorus only in minute quantities, which, although sufficient to cure a disease in the beginning, is not powerful enough when it assumes a graver type.

If we suppose for an instant the discovery of a new natural cod liver oil, containing more iodine, bromine and phosphorus than the oil in present use, there is not the least doubt but that every physician would prescribe it in preference, fully confident of its enhanced qualities. The natural consequence of this proposition explains satisfactorily why the medical profession should give, *and do rightly*, the preference to Fougera's Compound Iodinized Cod Liver Oil, which contains a larger proportion of iodine, bromine and phosphorus, than the oil in present use; these active elements, as before remarked, are in such peculiar combination that their action is slow, regular, and persistent, being successively set at liberty in the economy, in proportion as the oil is decomposed in the process of animal life.

Some physicians are so well convinced that the curative properties of the oil reside in these three substances, that, to obtain a full effect, they prescribe very large doses of the oil, sometimes giving two, three and even four tablespoonfuls, three or four times a day, the larger quantity amounting to no less than half a pint daily. That their object is not attained is fully proven by physiologists, who have demonstrated that only the quantity of oil emulsionised by the pancreatic juice is digested and carried into the blood, the rest being lost and passed off nearly as taken.

Being deeply impressed with the above physiological and chemical facts, Mr. E. Fougera instituted experiments, and after many trials, has succeeded (1858) in preparing a *compound iodinized cod liver oil;* which is simply the best Newfoundland cod liver oil, combined with four times as much iodine, bromine and phosphorus as it naturally contains.

Pure cod liver oil varies considerably in composition, as may be seen by comparing the different analyses published in works of chemistry and materia medica. A quart contains one to four grains of iodine; one-eighth to three-fourths of a grain of bromine; one-quarter to one-half of a grain of phosphorus. In 1860 Mr. Fougera published in the *Repertoire de Pharmacie*, edited by Professor Bouchardat, at Paris, the formula of his oil, which contains per quart, in addition to the above quantities: iodine, sixteen grains; bromine, two grains; phosphorus, two grains.

The combination is made so that the odor, taste and color of the natural oil are preserved.

Fougera's preparation being consequently five times more active than the richest commercial cod liver oil, will tend to restore health by its curative action thus enhanced, in a much shorter time than the simple kind, and attains the desired effect where the other will fail.

The dose of this oil is *only* a tablespoonful for adults, and a dessert or teaspoonful for children, according to age, three times daily; it may be administered at any hour, but it is preferable to select the hour of meals, since we know that the pancreatic secretion manifests itself only during

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the stomach digestion, to act immediately on the alimentary principles, as soon as they pass from the stomach into the intestines. Though the quantity of iodine is very small in each dose, it acts, nevertheless, with a greater efficiency than a larger quantity of any of the iodides, for the reason stated by Professor Bouchardat and others, that iodine in cod liver oil is not eliminated from the system as other soluble preparations of iodine, but is successively deposited in the economy as the oil is gradually decomposed in the blood.

When iron is required with the oil, Fougera's dragees or syrup of pyrophosphate of iron will be found the most agreeable and active adjuvant. It is best for children and delicate persons to take the syrup of iron immediately after the oil.—*E. Fougera's Circular, and Detroit Review of Medicine and Surgery.*

The Disease of Job.—We are apt to smile sometimes at the enthusiasm, energy, and industry antiquarians will throw into their investigations upon what may seem to the outside world matters of little importance; and it would seem that the Medicos are not devoid of this spirit on suitable occasions, for the Société Impériale de Médicine de Lyon has devoted its recent meetings to the discussion of the nature of the affection from which Job was a sufferer. M. Rollet entered into an elaborate historical investigation upon the subject, and, after rejecting the various other maladies which have been suggested, came to the conclusion that scorbutus was really the one in question. Weighed down by moral causes and depressing influences, the patriarch, the subject first of a general neuropathy, exhibited various cachetic symptoms, chief of which were severe stomatitis, accompanied by fœtid breath, difficulty of eating, emaciation, abdominal pains, and diarrhœa. The blackish color of the skin, petechial eruptions, purpura, and sanguineous suffusions are all pathognomic of scorbutus. M. Aubert Roche and other observers have shown that scorbutus accompanied by ulcerations, is of frequent occurrence on the borders of the Red Sea. M. Diday could not admit this view of the case, for it is evident that Job's complaint was regarded as a rare one, and the length of his objurgations shows that the condition of his mouth could not have been very bad. It was, in fact, one of those indefinite forms of tertiary syphilis which we still meet with that Job labored under, and an analogous example of which the speaker related. The extensive sores, pains in the bones, purpura, and other signs of cachexia, are thus to be explained. The vast sores from which Job suffered, M. Girin believed, arose from his scratching himself so desperately, in consequence of the existence of general eczema, which also gave rise to brown and blackish crusts. M. Gailleton regarded the affection as very like the lepra met with in Mexico at the present time, and if it was not lepra it was pemphigus; but, unfortunately, our defective knowledge as to the etiology precludes a decided opinion on the subject. M. Rodet could not admit the imputation of syphilis, for Job was a man of pure life, and had his wife suffered through his instrumentality her invectives would only have been increased. In fact, gonorrhœa was the only venereal affection endemic in Palestine. That the disease was not the lepra of the Hebrews described by Moses seems clear; nor is it probable that it was the tuberculous lepra observed at the present time, which is never spontaneously cured.—*Medical Times and Gazette.*

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Vaccination Direct from the Cow.

An important modification in the manner of using Jenner's discovery has just been put to a careful trial by M. Depaul, director of the vaccination department of the Academy of Medicine. The experiments originated thus:—Several years ago M. Palasciano, the eminent surgeon at Naples, introduced and carried out a plan of conveying the vaccine virus from heifer to heifer, so as constantly to have a supply of lymph direct from the cow. At the congress of Lyons, two years ago, M. Palasciano brought these facts before the meeting, and the innovation was looked upon as a feature of considerable interest. At that period Dr. Lanoix, a medical man practising in Paris, thought that, for various reasons, the capital of France should have facilities for vaccinating from the cow, in preference to the usual modes of conveying children's virus by glasses, points, tubes, or from arm to arm. In fact, it was thought an advantage that the vaccine lymph should not pass through the human organism, as the lymph would thus be fresher, and the taint which certain children might attach to it would be avoided. Dr. Lanoix communicated his plan to M. Depaul and to the director-general of the Paris hospitals, M. Husson. Both these high funtionaries encouraged the project; and Dr. Lanoix proceeded to Naples to study, under M. Palasciano, animal vaccination. When thoroughly instructed, he took a heifer with him upon whom very handsome vesicles had been propagated. This animal was the subject of interesting and successful experiments on her journey through Lyons, and when settled at Paris was the focus from which the vaccine disease was, for the service of the public, propagated in Dr. Lanoix's establishment to cows and heifers. In the meanwhile, however, a cow was observed at Beaugency, near Orleans, bearing evident signs of the spontaneous disease. After several successive and effectual vaccinations from this animal, she was brought to Paris, at a time when Dr. Lanoix was already extensively carrying out his very useful practice. It was important that the latter should obtain an official sanction, and animal vaccinations were now extensively performed in the Paris hospitals by order of the director-general; and M. Depaul began similar experiments at the vaccination office of the Academy of Medicine of Paris. Reports on these two series of trials are now before the world; and these reports, for the guidance of those whom it may concern in this country, we proceed to analyse.

M. Husson states that, in fifteen months, 9,316 vaccinations and revaccinations were performed by means of Dr. Lanoix's heifers, led into the various hospitals. Of these, 1,392 were men; 2,457 women; and 5,449 children. The operations were, as is usually the case, successful iu a very limited number of *revaccinations*, varying from 16 to 17 per cent.; with children, however, the successful cases were about 50 per cent.

M. Depaul's experiments extended from the 12th of April to the end of December, 1866. The report is very long, extremely minute, of great lucidity, and is decidedly in favor of animal vaccination. The tables are drawn up with much care; and accurate drawings were taken of the appearances presented in the successful cases. A very important portion

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of the experiments consisted in performing numerous comparative vaccinations with lymph obtained from children. With the actual cow-pox 681 operations were made, and with the children's lymph 897. Of the former, 421 were successful; and of the latter, 543.

Amongst the deductions appended to the report we select the following:—

"The transmission of the cow-pox from one heifer to another is obtained without difficulty. Forty-five of these were inoculated, and all successfully, without suffering in their general health. The first three animals were inoculated from the Naples heifer, and forty-two others from the spontaneous virus of Beaugency. No change in the appearance of the vesicles was observed in the later inoculations as compared with the earlier, the last heifer's vesicles were as fine as those of the first. The development in the heifer is more rapid than in the human subject. The present experiments show that it would be possible to organise in great centers of population, at very moderate cost, offices of animal vaccination. Spontaneous cow-pox is not so rare as has been supposed; two opportunities occurred during the course of these experiments. The amount of lymph yielded by each heifer is considerable. From the trials carefully made it becomes obvious that syphilis is not transmissible to the bovine species. Failures as to vaccinations were rather frequent when the lymph was taken after the seventh day, and incubation upon children vaccinated with the cow-pox may last between five and twelve days; but the vesicles are larger when cow-pox is used instead of children's pock. With cow-pox three or even four vesicles may form around *one* puncture. Cow-pox lymph, like the lymph obtained from children, fails pretty often when kept for some time between glasses or in tubes. *Re*vaccinations were not sufficiently numerous to allow of any decided conclusions. Years must elapse before it can be distinctly ascertained whether the protection obtained by cow-pox inoculations is more durable and complete than when children's lymph is used. In case of an epidemic of small-pox reigning, at the same time, in several localities more or less distant from one another, it will be possible to send such localities one or more heifers with the cow-pox upon them, so that vaccinations and revaccinations might be performed on a large scale."

With these facts before them, it behoves the profession of this country to look carefully and earnestly into the matter. If the population of these islands can be benefited by the change alluded to above, we do not see why, after due consideration and investigation, it should not be made. It would be premature to jump at a conclusion, especially as the report distinctly states that cow-pox inoculations are not a considerable improvement upon vacinnation from children; but the desire to obtain perfectly pure lymph free from any *possible* taint, may, perhaps, have great weight in the decision.—*Lancet, Aug.* 10.

Cranial Capacities of Man and Monkeys.—Dr. L. Th. Bischoff, of the University of Munich, has lately edited a series of lithographic plates, comparing the skulls of the gorilla, chimpanzee, and ourang-outang. From a measurement of thirty-five crania, the following maximum inter-

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nal capacities were derived; gorilla, 28·37 cubic inches; chimpanzee, 28.07 cubic inches; ourang-outang, 35.09 cubic inches. The last is said to be the largest monkey skull ever brought to Eu.ope. Yet the wide chasm between this and man is at once seen on comparing it with even the very smallest skull in DR. MORTON'S splendid collection in this city. The latter, of a native African, has a capacity of 65 inches. Though we confess that the largest skull in the collection—that of a "Dutch gentleman,"—is further from the African than the African from the gorilla, as it measured 114 inches in cubical capacity. DR. BISCHOFF thinks that the race of chimpanzees threatens to becomes extinct, and *en passant* takes the opportunity to show that DARWIN'S theory of the evolution of species is as yet far from proven.—*Philadelphia Medical and Surgical Reporter, Aug.* 17.

Distinction between Diseases of Animal and of Organic Life.

Now, gentlemen, in the prosecution of your profession, while engaged in the study of by far the most critical department of medical education—the nature of diseases, or diagnosis—have you ever thought of the important distinction which exists between the diseases of animal and organic life? And yet they are worth considering. A few years ago I made some calculations on the subject of the relative quantity of blood supplied to each. I have not these calculations at hand, but the quantity of blood so distributed is nearly equal, though rather the larger proportion supplies the structure of animal life.

The nerves, as you know, are essentially different, animal life being spinal, organic life ganglionic. If we take the whole material of the body into the calculation, the structures of organic life do not exceed one-tenth of the actual weight, yet they receive nearly one-half of the whole quantity of arterial blood.

The "two lives," as they were termed by the great French Physiologist, Bichat, are more or less independent of each other, both in health and disease. The diseases of organic life are more serious, because they involve structures more essential to life itself, and the derangement of any one of them involves the whole system more thoroughly than does a similar amount of disease in the structures of animal life.

You will hear a man say "he can't have much wrong with him," because he is capable of great exercise, and can walk any reasonable distance. This a bad test. So long as the muscular system is not directly involved, and sufficient blood is made to supply both it and the spinal cord from which it derives its nerves, a man may labor under a considerable amount of disease of the structures of organic life without his muscular system being involved. When we speak of a man's "health," in general terms, we refer instinctively to the functions of the interior of the body or of the organs, not of the muscular system; we refer to the functions of the brain, to respiration, to circulation, to digestion, and the assimilation of food, &c. The muscular is but subservient to these other organs which really constitute life itself.—*From Mr. Skey's Lectures.*

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An Extract from Mauriceau.

[In some remarks made in connection with Dr. Carter's report in this number of the JOURNAL, we have alluded to that very old but very unsettled question of the influence of maternal impressions upon the fœtus. Curious to know what view of this long-mooted matter was taken by one of the old obstetricians, we turned to the pages of MAURICEAU, whose work upon *Diseases of Women with Child, and in Child-bed*, is now within a few months of two hundred years old: the volume that we have consulted, however, is not quite so ancient—it is the sixth edition of the famous Dr. Hugh Chamberlen's translation, and bears the following imprint:

LONDON:

Printed for T. COX at the *Lamb*, and J. CLARKE at the *Bible* under the *Royal-Exchange* in *Cornhill*; and T. COMBES at the *Bible* and *Dove* in *Pater-noster Row*. M.DCC.XXVII.

By the way, Dr. Chamberlen in his preface, alludes to the invention of the obstetrical forceps in the following:

In the seventeenth Chapter of the second Book, my Author justifies the fastening Hooks in the Head of a Child that comes right, and yet because of some Difficulty or Disproportion, cannot pass; which I confess has been, and is yet the Practice of the most expert Artists in Midwifery, not only in England, but throughout Europe; and has much caused the Report, That where a man comes, one or both must necessarily die; and is the reason of forbearing to send, till the Child is dead, or the mother dying. But I can neither approve of that Practice nor those Delays; because my Father, Brothers, and my self [tho none else in Europe as I know] have, by God's Blessing, and our Industry, attained to, and long practised a way to deliver Women in this Case, without any Prejudice to them or their Infants; tho' all others being obliged for want of Expedient, to use the common way do and must endanger, if not destroy one or both with Hooks. By this manual Operation a Labour may be dispatched, (on the least Difficulty) with fewer Pains, and sooner, to the great Advantage, and without danger, both of Woman and Child. If therefore the use of Hooks by Physicians and Chirurgeons be condemned, (without thereto necessitated thro' some monstrous Birth) we can much less approve of a Midwife's using them, as some here in England boast they do; which rash presumption, in France, would call them in question for their Lives.

Further on he justifies his secrecy, as to the means thus indicated, in these words:

I will now take leave to offer an Apology for not publishing the Secret I mention we have to extract Children without Hooks, where other Artists use them, viz. there being my Father and two Brothers living, that practise this Art, I cannot esteem it my own to dispose of, nor publish it without injury to them; and think I have not been unserviceable to my own Country, altho' I do but inform them that the foremention'd three Persons of our Family, and my Self, can serve them in these Extremities, with greater Safety than others.

But to MAURICEAU'S views of the influence of the imagination of the mother upon the fœtus: the side notes, we would say, are by the trans-

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lator, and our readers will readily judge from these as to whether the Frenchman of the 17th century was or was not, in sound judgment, in advance of the Englishman of the 18th.—T. P.]

It is therefore without Cause, that Women are blamed, when their Children are born with red and livid Spots, which very much disfigure the Faces of some of them: It is usually said (but without Reason) that this proceeds from the Mother's longing to drink Wine; for though some have, by Chance, been in effect harrassed (as they affirm) with these passionate Desires during their being with Child, yet we must not superstitiously believe (as many do) that these Spots are so caused, but rather from some other Cause, which must be search'd for elsewhere: And that which makes it appear, it cannot proceed from hence, is*. that almost throughout all *Italy*, where nothing but White-Wine is drank, as also in *Anjoy* in *France*, I have seen divers Persons marked with these red Spots: And in case it proceeded from their Mother's longing to drink Wine, they ought to be White Spots, or of an Amber Colour, being the Colour of the Wine of these Countries: But we ought rather to conclude, that they are caused from some extravasated Blood, at the Time the Infant is formed; which marks the Skin, yet very tender, with these Spots, and colours it in whatsoever Part it toucheth, much after the same manner as we see it marked with Gunpowder, or some Waters producing the like Effect, when it is wash'd and bathed with them. I will not however deny that the Imagination hath a Power to imprint on the Body of the Infant Marks of that Nature; but that can only be when young with Child, and principally at the very Moment of Conception; for when the Child is completely formed, the Immagination can in no wise change its first Figure; and Women must wean themselves from these vain Apprehensions, which they say they have to such Things (every Moment) and serves some of them for a Pretext to cover their Liquorishness.

*No good Reason.

Since my Discourse is fallen on this Subject of Marks, with which oftimes the Bodies of Infants are spotted in their Birth, and comes, as is ordinarily believed, from the Imagination of their Mothers, it seems to be not much from my Purpose to recite a Circumstance very particular, found on Me when I came into the world, as my Father and Mother have often told me; which is that my Mother being with Child of me, and almost at the End of her Reckoning, as it appeared afterwards, the eldest of her three Sons which she then had (of six Years old, and her First-born, whom she loved with an extraordinary Tenderness and Passion) died in seven Days of the Small-Pox, all of which time she continued Night and Day by his Bed-side, tending him in all his necessities, not suffering any other to do it, whatsoever Desires were made unto her, not to weary and trouble herself, as she did, for the child's sickness, alledging that in her present condition she ought to be careful of herself, and not be the Cause of the Death of the Infant she went with; in fine, at the End of seven Days her Son died; upon which the next Day she was delivered of me, who brought effectively into the World with me six or seven of the Small-Pox. Now it is certain that it would be *irrational to say, that I had then contracted these Small-Pox in my Mother's Womb, by her strong Imagination: But

*Why so?

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if I were asked whence they proceeded? I should answer, that the contagious Air she breathed, without Discontinuance, during the whole Sickness of her deceased Son, had so infected the Mass of her Blood, with which at that Time I was nourished, that I, rather than she, easily received the Impression of this Contagion, because of the Tenderness of my Body. †Let us therefore assert, that the Imagination cannot produce any of the above mentioned Effects, but at the moment of conception, or within few Days after, and that we ought for the most Part to search elsewhere (if we desire the Truth of it) the Cause of most of these Spots, Marks and Signs with which many Infants are born.

†*Experience shews the contrary.*

THE SOCIAL EVIL.—The last Legislature of Ohio passed a bill, authorizing Boards of Health in the large cities to enumerate and record the female inmates of disreputable houses, and to remove and protect those under eighteen years of age. The Cincinnati Board of Health has directed such enumeration to be made.—*Philadelphia Medical and Surgical Reporter.*

SPECIAL DEPARTMENT.

Letter from Professor Seely.

VIENNA, July, 1867.

Probably no city affords such advantages for the study of medicine in all its branches as this. The material is all that could be desired, and the system of private courses is in its perfection. But as these advantages are already so well known, judging from the large number of American students, it is quite superfluous to dwell on them. Berlin is such an eminently dry place, that the change down where there is so much life, is quite refreshing. I mean "dry" only as regards the non-professional life As regards the eye department there, any one who has visited it and seen the indomitable care and minuteness with which all the cases are examined, can readily understand the extreme eagerness with which each emanation from it is awaited, and the trust placed in it; and each reflection on the amount of instruction the ophthalmic world has received from the consummate genius that reigns over it, brings additional wonderment and admiration; and one might be pardoned for saying that the waters here tasted a little flat after tasting them at their source. There are advantages here, however, especially for one commencing his studies, which can not be too highly commended. The student follows the Professor

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through the wards, can watch each case day after day, see the disease in all its changes and the treatment instituted against it. If an operation is made, and he is able to witness it, he is also able to see the after treatment up to the day the patient is discharged.

Running over in my mind the character of the cases I have seen while going through the wards, I do not recall but one or two iritic patients, a class which one would expect to be large in a country where virtue is not a little below par. Granulations are always in gratifying numbers, but the different affections of the cornea seemed to be in the majority. One sees granulations treated as if the object were to get rid of the whole membrane, on the principle, diseased in part, diseased in whole—or as if the purpose were to destroy the granulations. The object of all applications to granulations seems to me quite clearly to be, not to destroy, but to excite only such a temporary inflammation in the parts as will subside in a short time, and so conduce to the absorption of this neoplastic production. Of course the amount of this inflammation must be in proportion to the necessity. And there are cases, it is quite true, in which not a little severity is required to bring about the necessary inflammatory reaction by which, and by which alone, the granulations should be removed.

One sees the potency of this inflammatory treatment, if I can use such an expression, in cases where, from some cause or other, a purulent character has been assumed, on the subsidence of which an examination reveals the fact that the granulations have partly or entirely disappeared. Again in cases where inoculation has been practiced, and so a similar purulent inflammation excited. The cases of keratitis receive the local treatment of atropine, calomel powder dusted in the eye, and the compression bandages; the ulcerative cases the same, excluding the calomel. I say nothing of the constitutional treatment, for the cachetic condition of such hospital cases readily suggests it, even when the general condition would indicate no lack of physical vigor—tonics will always have a marked effect, among which quinine can not be too strongly recommended. The compressive bandage seems to me to bear the same relation to the external treatment that quinine does to the internal. Of course, in an acute attack with an active inflammation, heat would be injurious, just the sam eas internal stimulation, but at all other times it can be used with no little advantage. In ulcerative cases it has another important function, a mechanical one, that of giving support to the weakened corneal tissue, and so either preventing a perforation which the internal pressure must have produced, or if it takes place allows the aqueous humor to escape only gradually, thus diminishing the liability to prolapsus of the iris.

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I have not yet seen a paracentesis performed in any case of keratitis, ulcerative or otherwise—a measure in my mind of no small value, on the use of which in such cases I have already alluded to in a previous article, promising, I believe, to speak further of it when I made some remarks on the treatment of keratitis, especially of the ulcerative form.

Even in this raw pork eating country where cysticerci are by no means rare, the presence of one in the eye never fails to excite very great curiosity and interest. While these parasites may be found in different parts of the eye, I think their bed is usually laid between the retina and choroid, and the three I have recently seen were situated there. The diagnosis of these curious creatures in the first stages of their development is attended with no little difficulty and uncertainty. Fortunately, however, the use of the expectant method, which helps one out of so many embarrassing positions, will give signs not to be misinterpreted, viz., movements, with the detection of which all doubt disappears. The first one I saw in Berlin was in its incipiency; and while a day or two previous to the motions having been detected, the opinion had been given of the presence of an entozoon, still these were quite welcome in order to confirm it.

It can readily be understood that the presence of such a thing in the eye would, sooner or later, become a matter of the most serious import. Glaucomatous symptoms must arise, which would not only destroy the inhabited eye, but also, if left alone, by the continued irritation, excite what is called "sympathetic inflammation" in the other eye, and the scene close with the patient in total blindness.

So the great question that presents on diagnosing the presence of such a parasite is, how can the eye be saved from its pernicious influence. All sorts of medication, internal and local, have been instituted against them without effect; and if they have a vulnerable point the needle has failed to reach it, and only one resort seems to be left, and that is extraction.

The time for an operation must depend on circumstances. If the entozoon develops under the retina or choroid in the fundus of the eye, one has nothing to do but wait till it bursts into the vitreous chamber. On the contrary, if its bed is made in the anterior half of the globe, the time for the operation is before it leaves its position. A few days after beginning visits at Professor Arlt's clinick, a man presented himself, in whose eye the movements of one of these parasites could be distinctly seen by the ophthalmoscope, near the ora serrata, about over the direction of the inferior straight muscle.

Extraction, of course, was decided upon, and accordingly the patient was

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chloroformed, a thread passed through the conjunctiva below the cornea, by which the eye could be strongly rolled upwards, a slit made in the conjunctiva by means of the scissors, and a corresponding one in the sclerotic with an ordinary cataract knife. The first evidence of the complete perforation of the membranes was the appearance of a transparent body, quite giving rise to suspicions of vitreous humor; but on enlarging the wound a little, to the most demonstrative and nervous delight of the Professor, the accouchment was ended by the animal dropping out.

The eye was immediately tied up, and of course so small a sharp cut wound healed in a very few days, and the patient was discharged with quite good vision, even counting fingers with that part of the retina beneath which the parasite lay.

The case was very interesting, and not the least so to the lookers on, for while it was the third the Professor had attempted, it was the first that had succeeded, and I am quite certain he could not have been more demonstrative if his family had been increased by one.

One need hardly be surprised at the scepticism that reigns in our country as regards the treatment of ear troubles. When I say I have been asked here, in Vienna, by those who are studying general medicine, if there "really could be much done for ear troubles?" Certainly, taking into consideration the advances made in the diagnosis and treatment of diseases in every other organ of the body, it would be a sorry picture that would represent so important an organ, subject to all the diseases which skin and mucous membrane can be, combined with their injurious effect upon the structures with which they are in relation, the harmony of which only their physiological condition can maintain. I say it would be sad, indeed, if one were obliged to respond with an "alas! no." The fact is quite the contrary, for the science and art of aural surgery, at least here, is by no means behind other branches in the demands made on it by that portion of the suffering world. Perhaps from its peculiar situation comes the belief that no definite diagnosis can be made; yet reflect how much is now claimed for diagnosis in other organs of the body, more "peculiarly" situated. Even the eye, aided only by the speculum, can detect many things of the deepest signification, and the addition of the mirror throws a still better light upon the facts investigated, so no external trouble could escape detection. While the ear department, before the use of the eustachian catheter, was in a state similar to that of ophthalmology before the ophthalmoscope, the appearance of the catheter was of even more value to the science to which it belongs, for not only did it bring the means for diagnosis, but also that by which

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the most effectual curative measures could be employed against affections of the middle ear. With us perforations of the membrana tympani are regarded in a far more serious light than here, for we are taught that they "heal as a rule." Of course, as in loss of substance in the skin, the space is not refilled by true skin, but still with something which quite well supplies its place. So in these perforations, the middle or proper layer is replaced by a cicatricial tissue which becomes covered with the external epidermic layer and the internal epithelial, thus meeting the necessities of the natural membrane, and no clinick passes without affording opportunities to see such a picture. The other day, as the Professor finished the narration of a case where a large perforation had been made in a membrane by a stab from a twig of a tree, the man happened to present himself, and the scar was quite plainly to be seen, as well as the still persisting thickening from the inflammation, which inflammation, by the way, was most peculiar in that it only affected one half of the membrane. Even in old perforations that have existed for years, where a chronic inflammation of the middle ear still continues, with an occasional exaggeration and discharge, an attempt is made to heal them. In such cases, the margin of the opening is denuded, as far as possible, by making a great number of little nicks in it with a knife, in this way putting the parts in a condition analagous to bringing two denuded edges of a fissure—for example of it in lip—together. And it seems, from Professor Gruber's report, recently handed us, to have met with some success. The cases unfavorable for such treatment would be, for instance, where the membrane was destroyed up to its peripheric attachment on the one hand, and on the other up to the attachment of the handle of the malleus.

While upon this membrane, we will simply say that now artificial perforation (myrindectomy) is sometimes practiced. Where, for example, the whole membrane is much thickened, or where there is complete atresia at the isthmus of the eustachian tube, or when the entrance has been closed by inflammation of the surrounding parts, from syphilis, &c., in which cases, by the absorption of the air in the middle ear the membrane would be driven in against the promontory.

As we meet many cases of stricture of the nasal duct, a long canal, lined with mucous membrane, which is quite the same as that of the nares, fauces, &c., there is no reason why the same pathological state of of things should not occur in the eustachian tube, a canal similar in all its parts; and months ago I quite satisfied myself that I had to deal with some, and one or two of the patients will probably be readers of this ar-

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ticle. I find such cases, which, by no means frequent, are met with here and treated by the dilatation method. For purposes of dilatation, the laminaria digitata is used, a sea weed that has the peculiar property of expanding when in contact with moisture, and which has been used also in dilating strictures of the nasal duct, os uteri, &c., but now laid aside as not only causing too much pain, but also from the liability of its swelling on either side of the stricture, and thus giving rise to no little embarrassment in its removal. I can see no objection to using, in such strictures, probes of whalebone, rubber, or even silver.

It is to be regretted that those who, even for years, have had such a valuable stock of information on this special subject of ear diseases, have not given the general profession an opportunity of availing themselves of it. Von Tröltsch has already brought out a new and much enlarged edition of his valuable work, and, in a few months, a book from one of the Professors here will be published, by which means the deficiencies in this department will, to a great extent, be supplied.

EDITORIAL AND MEDICAL NEWS.

WE EARNESTLY COMMEND to our readers' attention the excellent article from the MEDICAL RECORD, found in this month's issue.

The paucity of working men in the American Medical Profession, is indeed striking. Let a physician glance over the volumes in his library, and we shall be surprised if he does not find more than two thirds of them of foreign authorship; or let him contrast, in respect of number and reputation of authors, two cities of about equal population—one in the new and the other in the old world. Take Cincinnati* and Dublin, for example; and even after making due allowances for the somewhat larger population of the latter, for its greater age, its more numerous hospitals and medical schools, we question whether the comparison would be at all creditable to our western metropolis. We speak of the Dublin school of medicine, the Dublin school of obstetrics, etc.; but the professional world scarcely embraces in such titles a single city upon this continent. Think of

*It is needless to say the selection of Cincinnati for comparison, is because its population happens to be nearly equal in numbers to that of Dublin, and because it is, in our opinion, one of the most important medical centres in the United States: and we believe its medical schools and its working physicians can exert an ever-increasing and widely acknowledged influence in the progress of Medicine.

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how many men with world-wide reputation have belonged, or still belong to the great Irish city—of Cusack, Carmichael, Boutcher, in Surgery; of Graves, Marsh, Stokes, Corrigan, Lyons, Hudson, Gordon and Banks in Medicine; of Montgomery, Churchill, Kennedy, Beatty, Hardy, McClintock, Kidd, Johnson and Sinclair in Obstetrics, or Diseases of Women; of Sir William Wilde, of Jacob and Neligan in Special Departments; and even our great cities in the east would be puzzled to find a longer list of more illustrious names.

The fact must be patent to every honest observer, that of the 60,000 or 100,000 practitioners in the United States, very few indeed ever think of extending their influence and usefulness any further than the immediate circle of their patients and friends; few, very few making the general progress of Medicine an object of daily solicitude and daily effort: the present hour and present pecuniary agrandizement, too much rule our conduct in professional life. Medicine is an education, and every physician through its study and exercise should daily be acquiring a larger brain and a larger heart—clearer knowledge of disease, more earnest sympathy with the suffering, and a stronger, quicker hand in bringing them relief. Not this only, but Medicine also is an ever-burning torch committed a little while to our keeping, that its flames may be made brighter and stronger, and then transmitted to our successors.

Perish forever the trade-views of Medicine, out of which spring the mean devices to get or keep patients, the shameless newspaper special advertisings and paid pufferies, and sometimes the dead level of common fee bills which label medical and surgical wares in the public market, with a common price no matter what their quality, if they have a common name, and sometimes the jealousies and malice of little souls, and the medico-ethical strifes and contentions which vex the professional world. But live, live forever the profession which clothes itself with the dignities and duties of a God-like mission, healing the sick, making the blind see and the lame walk, and ever aspires after higher knowledge, and larger usefulness: if wealth crowns its labors, it is well, but not for this as the great end are these labors performed.

Doubtless we will yet have our great army of working men, now so few and often so faint-hearted, but its recruits will be those who renounce the too prevalent creed that makes a great practice, grand style of living, and the accumulation of wealth the primary objects of professional exertion.

This army too, will be mainly made up from the young men of the profession; for those of us around whose steps the shadows of evening are

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falling, and even those of us upon whose path the meridian sun is shining, can do little in comparison with our younger colleagues, who start out determined that science and work shall go together, neither be sacrificed for the other. We remember hearing Dr. Beale, in an address to the students of King's College at the close of a summer course, urge upon his auditors the importance of keeping up their scientific pursuits in the midst of their professional duties, and insist upon it that if science and work are only commenced together, any amount of each can constantly be carried on. We have given almost the exact words of Dr. Beale, who himself has so well illustrated the truth of his creed and teaching.

Young men should remember what we all have often heard but which we are all prone to forget, that great original endowments are not of half so much moment as steady, constant work; genius, that rarest and most equivocal gift, cannot in the long run secure the laurels from faithful, plodding industry: native talent is not worth half so much as resolute perseverence. And in all honest efforts to increase our medical knowledge, in all medical scientific investigations, the laborer whether young or old, has the heartiest good wishes of the best, the true men of our profession, for such labors inure not solely to the benefit of him who makes them, but to that of the profession at large: we all have a common interest in the growth of scientific Medicine. Hence as individuals, and in professional organizations, we ought all to encourage the working men;

> "Men, my brothers, men the workers, ever reaping something new;
> That which they have done but earnest of the things that they shall do:"

encourage them with commendation and just appreciation, and stimulate them with liberal prizes—let them have both "praise and pudding."

Oftentimes the young physician wearies in his scientific pursuits, neglects his microscope, his scalpel, and his chemical apparatus, because he sees men much his inferior, it may be, in the special and recent knowledge he has, more highly spoken of and much better patronized by the community than he is. And here are two besetting perils to him—he neglects his own improvement, and even rusts for want of work, and under-rates the value of long professional experience.

Professor Syme, in the course of a recent address, August 1st, to the medical graduates of the University of Edinburgh, urged the importance of cultivating harmony between the senior and junior members of the profession. "The older gentlemen, knowing the importance of long and large experience, might naturally regard the opinions of their junior brethren as of questionable value; while the new-fledged doctor, issuing from his school with all the new appliances of modern science, did not al-

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ways pay sufficient respect to age: thus dogmatism on the one hand and presumption on the other, were often destructive of friendship." Young men should remember these injunctions, but let them be well assured that while in patience possessing their souls, and faithfully laboring for better qualifications themselves, no matter what their competitors really are, or they think they are, many a case will come to them all too soon, baffling their best knowledge and highest skill. Let them remember, too, that if now and then fossilized Mediocrity, because they will not play sycophant to it, may put its foot upon their necks, determined to keep them down, such forced abasement is but for a brief season; the hour of their triumph, if true to themselves and true to Medicine, comes apace.

In conclusion, though the subject presents many other topics which we would gladly discuss, there is an urgent need for working men, who shall give us a permanent literature more extensive than that which we now possess, enlarge our knowledge, and crown themselves, our country, and our American profession with honorable fame. And the opportunity herein offered, is worthy the life-long ambitious toil of the best mind and the bravest heart.

The Lancet, August 10th, contains a full report of the first three days' proceedings of the British Medical Association—that is down to Thursday evening, August 8th. The address of Sir Dominic Corrigan while in the main devoted to the affairs of the British profession, contains an eloquent tribute to the catholicity of our calling, and to the liberality of physicians, in many instances devoting their means in their dying hours to the establishment of hospitals and schools of medicine. "Perhaps the greatest, truest, and most convincing tribute that can be found, to the worth of the profession of medicine, is this: that when members of our profession have spent a long life in its exercise,—when on their death-beds,—when the past is a dream, the present a flitting moment and the future an awful eternity, the best use they could make of their wealth was to leave it to hospitals and schools of medicine, where the profession they had so long followed would continue to be taught and practised." Dr. Corrigan then mentions, in illustration of this truth, to be found in Dublin, the Rotunda Lying-in Hospital, Steeven's Hospital, the Carmichael School of Medicine, and Sir Patrick Dun's Hospital.

There is one portion of Dr. C.'s address which will doubtless create no little excitement in certain quarters among us, and in which we all have greater or less interest. "It is notorious that both in Germany and in America there are universities that sell their diplomas just as they sell beer or Indian corn to all who can afford to pay for them." Sir Dominic

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testifies to his nativity when he gives us to understand that universities sell corn and beer! But what proof of the iniquitous trade in medical degrees? "A gentleman connected with the medical and literary press of London, has placed a document in my hands, in which he certifies that an American agent called on him this present year with diplomas duly signed and sealed by one of the American colleges nine or ten years old; that he could have a supply fifteen years old, if required; and that he had a variety in stock, price 20*l.*, and would allow a discount off, as it was a matter of business." Now is it not the duty of the American profession to search, at any expense of time or money, into this matter, and if any college or colleges shall be unquestionably proved guilty of this infamous traffic, let the names of their teachers and their graduates be rejected from among respectable physicians?

But still more: Sir Dominic gives the following letter from a graduate of one of the British universities, who is an agent for the sale of foreign degrees:

EWING-PLACE, GLASGOW, 24th July, 1867.

"MY DEAR SIR:—After having had the pleasure of your note of the 6th inst., I write you in direct course. I stated in terms of my said letter that no University but that of the State of Pennsylvania gave degrees of Medical Doctor *in absentiâ* the cost being 32*l.* 12*s.*, and in full of all demands and delivered free. I also stated in terms of my said note that the University of Giessen, of Hesse Darmstadt, gave degrees of M. D. for 32*l.* paid there, and 15*l.* 10*s.* paid here, and also in full of all demands. In either case I will cheerfully assist you or your friend in obtaining the object in view. As I have four new degrees to get at Pennsylvania next week, and otther four at Giessen also, please send me 32*l.* 12*s.* for the Pennsylvania degree, or 15*l.* 10*s.* in part of the Giessen degree, and I will send all the requisites to you in course.

"I am, my dear Sir, very truly yours, M. D."

Now we have no hesitation in saying that any diplomas purporting to be from the Medical Department of the University of Pennsylvania thus obtained, are frauds and forgeries. Nevertheless, that University should search this out, find out whence these worthless parchments emanate, and publish the facts to the world. A little money will procnre a specimen of each one of these diplomas, when it can be readily ascertained what ones, if any, are genuine, and then let the American Medical Association put its seal of everlasting condemnation upon the colleges that have issued them.

The inaugural address of Dr. Stokes, who presided over the Association, is eminently worthy its author, one of the foremost in our profession in the world. In speaking of the objects of the Association—and similar

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remarks apply to our own American Medical Association, and to the various like organizations—Dr. S. uses the following language:

"It has in good earnest sought to raise the social status of medicine by the labors of science on the one hand, and the labors of love on the other. And in this object the records and experience of the past show that it has been successful. It has largeiy added to the scientific reputation of British medicine and surgery, and it has advanced the social concord of that great body of our brothers who are engaged in the Godlike art of healing, which, like mercy, "blesseth him that gives and him that takes." We seek to draw closer to one another all men who in good faith and honor work for the sufferer in body or in mind, no matter what may be their respective stations, their degrees, or ranks in society; no matter what may be the class or position of those for whom they labor; for to the true physician I use the word in its widest sense. Sickness levels all ranks, and we can affirm of our brethren that the friendless and the destitute receive at their hands a sympathy and a care which often surpass those which station or wealth can command. These works are done, though as yet the world knows but little of them, instinctively following the precept and example of the founder of our religion, the right hand unknowing of what the left hand doeth. They are done through a special influence, as yet not fully recognized, of the study and practice of medicine upon the understanding and on the heart. Therefore, to draw closer the various members of the varied ranks of our common profession, which, in one sense, is the most united, and in another and a lower sense, has been the most divided, is a great and worthy end. It is to bring the force of the whole to bear on the common weal, and by union to strengthen the hands of the separate workers in the exercise of that power which is animated by charity, guided by knowledge, and which observation, rendered fruitful by study, makes every day more and more an instrument of good.

Of the influence of the science of medicine on the understanding, it may be said that that science has it in common with every branch of knowledge which is based on observation and induction; but that it animates the heart is also true, for to do good, even from necessity, moulds all so engaged unwittingly to themselves to be more or less ministers of Christ's work upon earth. It is plain that this result of the exercise of our profession should work in all directions, and that in our relations to one another we should apply the same qualities of mind and feeling, the same self-abnegation, the same enlightened and catholic spirit, which are the great result of our special work."

Among the various papers presented to the different Sections were, one on *the Treatment of Pulmonary Consumption*, by Dr. Henry Bennet,—in which we do not see that the author has made any very material changes from his papers published some months since in the *Lancet*, and which were re-published in the *Cincinnati Journal;* one by Sir Henry Thompson, entitled "*Considerations suggested by the Study of* 100 *Cases of Stone in the Bladder of the Adult, recently operated on,*" in which the author

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strongly advocated lithotrity as the proper operation in the case of adult patients, and expressed his belief that in a few years lithotomy would be abandoned in these cases; one by Sir James Y. Simpson, on the *Cephalotribe;* and one by Professor Hughes Bennett, on the *Cholagogue Action of Mercury on Animals.*

Professsor R. W. Smith delivered the address in Surgery.

Our countryman of political position and necrological notoriety, Dr. C, C. Cox, of Baltimore, was made an honorary member of the Association. and Dr. Polli, of Milan, had the like honor.

Dr. McDermont's reply to Prof. Hamilton's communication will appear in the October number of the *Journal.*

The Author of the review of the transactions of the Indiana State Medical Society, sent us too late, however, to be put in its appropriate place, the subjoined paragraph which should follow, in the remarks upon Dr. Kersey's address, the words, the liberality of the profession has supplied one of the articles:

"And we propose to show, with the help of our brethren, that he is mistaken in saying that a Journal can not, in this State, 'reach mediocrity in point of value,' and will not contribute 'to the stock of positive medical knowledge.' "

Dr. J. Mason Warren is no more! The third of an illustrious line of surgeons has departed. His death, which was from internal cancer, complicated with intussusception, and which had been for some time sadly anticipated, took place on Monday, August 19th, at his residence, 2 Park street. Dr. Warren was 56 years of age at the time of his decease.

It is not for us to speak his eulogy here. But, in common with the entire medical profession in both hemispheres, we mourn an irreparable loss. We yield to none in appreciation of his worth—his remarkable, and, we may say, hereditary surgical skill; his faithfulness to his duties, alike among rich and poor; his constant courtesy; his public spirit; his readiness to advance the interests of the profession, by giving freely of his time and means.

His professional brethren are proud to have been represented by such an associate as Dr. Warren; and profoundly lament that it was not granted to him to live, in activity and usefulness, to the threescore years and ten, or the fourscore years allotted to the measure of man's days. But, we bow to the decree of Infinite Wisdom.—*Boston Medical and Surgical Journal, August* 22, 1867.

The German Journals announce the death of Dr. Weber, the Professor of Surgery at Heidelberg, and two of his associates, under the following painful circumstances:—It was necessary to perform tracheotomy in a case of diphtheria; and in the course of the procedure a clot of blood get into the trachea. Mr. Weber attempted to extract it by suction in the absence of a proper instrument, and, failing to do so, his two

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assistants also attempted. All three of them died within three days of diphtheria.—*Lancet, August* 3.

M. VELPEAU died at Paris on the 26th of last month.

VESICO-VAGINAL FISTULA AND M. COURTY, OF MONTPELIER.—Professor Courty has lately published, in the *Montpelier Médicale*, six cases of fistulæ, presenting very puzzling complications. The result of the operations has been favorable in every case, but was obtained with much difficulty, especially where the neck of the womb was implicated in the rent. The operator was twice obliged to confine the cervix uteri within the bladder, the woman, after recovery, menstruating through the urethra. M. Courty considers that the risks are much increased when the knife has to deal with the anterior lip of the cervix, the risks are still greater with the posterior lip, and the danger reaches its acme when the sutures must be applied to the back of the cervix.

Some months since we had to operate on a case of vesico-vaginal fistula in which so much of the vesico-vaginal wall was destroyed, that we were compelled in the closure of the fistula to fix the cervix uteri in the bladder; subsequently the patient menstruated very well by the urethra, the catheter still being retained there. Unfortunately, the fistulous opening was not entirely closed—a space a little larger than a crow quill remained—and the husband being told by some doctor, whose impudence, as is usually the case, was in direct proportion to his ignorance, that his wife could not live with no other exit than the urethra for the menstrual discharge, we were not permitted to complete the cure, a completion which could be readily accomplished. The experience of M. Courty conclusively shows that which all familiar with the literature of this subject have already known, that menstruation can readily take place by the urethra.

In this connection we desire to state that in our next number we intend to present, if the illustrations we are having prepared shall be completed in time, the report of a case of *uretero*-vaginal fistula, successfully operated upon. So far as we have been able to ascertain, no similar case has ever been recorded.

THE FRENCH make some strange mistakes as to English names. Da Costa Duarte, in his little monograph upon *Genito-Urinary Fistulæ in the Female*, in republishing a case that occurred in the practice of Mr. James R. Lane, referred to this eminent surgeon as Mr. James, an error to which the British and Foreign Medico-Chirurgical Review called attention; and M. Courty, in his most excellent work, *Traité Pratiques des Maladies de l'Uterus et de ses Annexes*, Paris, 1866, in speaking of Ovariotomists, refers in a foot-note to Dr. Eph. M. Dowell: it is but just to say that M. Courty

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on the page above refers to our eminent surgeon as "Ephraim Mac Dowell (de Dansville, Kentucky.) The other American surgeons whom M. Courty mentions, are "Nathan Smith," "W. L. Atlee," and "Dunlap."

The London Surgical Home.—At a meeting of the board of governors of the London Surgical Home, held on the 31st ult., the resignation of Mr. Baker Brown as the senior surgeon of the institution was received and accepted. The appointment of medical officers to the London Surgical Home is still open, and likely to remain so. We are authorized to state that Mr. Spencer Wells has distinctly declined to be associated with the institution. And as there is a very large debt to be paid off, in addition to other well known circumstances connected with the "Home," we imagine that only a very self-reliant man will accept office under the present *régime.—Lancet, Aug.* 3.

THE SEVERE ILLNESS of the author of the series of articles entitled *Medical Coroners*—an illness from which he has not yet entirely recovered—has prevented his furnishing his usual contribution to this number of the JOURNAL: that illness has also prevented his preparation of a promised notice of *Maudsley on the Physiology and the Pathology of the Mind.*

WE CALL ATTENTION to the advertisement of M. Fougera, and also to the article in reference to one of his preparations, which we copy from an exchange.

THE ADVERTISEMENT of a *Physician's Location for Sale,* is worth the notice of any medical gentleman seeking for a place.

DR. E. H. M. SELL, the New York agent for this JOURNAL, is prepared to receive, and promptly at quite reasonable charges, to execute the commissions of any of our readers for the purchase of books, surgical instruments and medicines.

TO SUBSCRIBERS.—Many in remitting their subscription request us to send them receipts. As a rule we have not done this; the acknowledgment of four or five hundred letters would consume no little time, and not a few postage stamps. We prefer a cheaper arrangement—viz.: sending bills to those who have not paid, and this we hope to be able to do next month: those who are indebted may save us this trouble by remitting at once.

We state for the encouragement of the friends of our enterprise, that the subscription list of the JOURNAL is now more than double the number it was three months ago; and we believe the present number will also be doubled within the next six months—we know that it will if the past are any criterion of the future, efforts of our friends.

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THE

WESTERN JOURNAL OF MEDICINE,

(Formerly, "Cincinnati Journal of Medicine.")

Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

OCTOBER, 1867.

On Castration as a Remedy in Certain Cases of Hæmatocele. By Geo. C. Blackman, M. D., Prof. of Surgery in the Medical College of Ohio; Surgeon to the Samaritan Hospital, of Cincinnati, etc. etc.

N. T., æt. 40, cabinet maker; has never been affected with venereal disease. When eighteen years of age was examined in Germany, by a recruiting officer, and found to have an enlargement on the right side of the scrotum. Previous to this time it had not attracted his attention, having never given rise to trouble or annoyance. Until January last, it had manifested no disposition to increase in size. About the latter part of December he had some bronchial trouble, and on New Year's day there were violent paroxysms of coughing, during one of which he "felt something give way," and noticed a sudden increase in the right side of the scrotum, which caused him so much inconvenience that he remained in bed for two days, making use of hot applications. This treatment caused such a reduction in the size of the scrotum, that he resumed his labor. He continued to work for about a month, when, without any known cause, the scrotum on the right side began again to enlarge, and he was compelled to discontinue his labor. The color of the integuments would at times be reddish, at others dark, and at others blue. He came under

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my care about the last of April, and finding, after a careful examination, that there was fluid contained within the scrotum, I resorted to tapping, and drew off nearly three pints of dark fluid blood. In less than twenty-four hours, the scrotum began again to enlarge, and in a few days another large quantity of rather florid-looking blood was taken away, and during the months of May, June and July, tapping was performed no less than six times. He was kept strictly in bed, with his pelvis elevated, and iced water applied to the parts. No treatment seemed to arrest the tendency to the accumulation of blood within the scrotum, and on the 18th of July I made a very free incision, for the purpose of removing the contents of the cyst, or vaginal cavity. The tunica vaginalis was found to be of more than half an inch in thickness, and adherent to it were dense layers of false membrane, which it was difficult, and at many points, impossible to detach. Again, there was a large amount of half organized material, communicating to the finger the sensation of broken encephaloid tissue. Under all the circumstances I decided to excise the testis with the whole mass by which it was surrounded, and the parts resembled, after removal, almost precisely the illustration given by Mr. Curling, at page 211 of the work quoted, of the structures which he himself removed. The testis itself appeared to be sound, although much atrophied by the pressure of the diseased mass by which it was surrounded. This patient made a speedy recovery, and has for some weeks been able to attend to his labors. September 10th, in company with Dr. Muscroft, who assisted me in the operation, I examined him and found him in excellent health. The spermatic cord, however, throughout the length of the inguinal canal, is enlarged, but tender on pressure, and he declared that in all respects he felt as well and as strong as at any period of his life.

The cases hitherto reported, in which it has been deemed necessary to resort to castration for the relief of hæmatocele, have been quite limited in number, but few as they have been, taken in connection with the names of the surgeons in whose practice they have occurred, they are sufficient, in our opinion, to show the propriety and even necessity of the operation In his *Clinical Report on the Diseases of the Testicle*, by Mr. Thomas Bryant, published in *Guy's Hospital Reports*, Vol. XI. 1865, we find the following case:

"I. S., æt. 52, came under my care on February 26th, 1865, with an enormous tumor on the right side of his scrotum. It had been growing gradually for fifteen years, and had caused little or no pain; it had appeared without any known cause, but for the last six months its increase

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had been more rapid, this increase in size having immediately followed an injury he had sustained when at work. The tumor was evidently in the position of the right testicle, globular and semi-fluctuating; it was smooth in outline, except posteriorly, where an apparent outgrowth existed, and felt firm and heavy; it was not painful on manipulation, although pressure posteriorly caused testicular pain. The scrotum was slightly œdematous, and the weight of the tumor caused much pain in the loins. On April 25th, the man being under the influence of chloroform, I cut down upon the growth, exposing the tunica vaginalis. I then tapped the cyst, and drew off a quantity of thick fluid, like pea-soup, containing the elements of broken down blood. The tunica vaginalis was much thickened, and was of cartilaginous hardness, its walls being studded with ossific deposits. The testicle was much enlarged and flattened out, being situated at the posterior part of the tumor, and corresponding to the outgrowth already mentioned. The whole tumor was then excised. The testicle was afterwards found to have been the seat of general tubercular disease. The tunica vaginalis had been enormously distended and thickened, and contained ossific matter in its walls. It seems probable that the original disease had been a hydrocele, and had become a hæmatocele after the injury. The disease of the testicle must be looked upon as accidental."

In alluding to the changes occurring in cases of hæmatocele, when of some standing, he refers to the rapid coagulation of the blood, and the sensation communicated of a solid growth. He adds: "The sac of the hæmatocele, whether tunica vaginalis or cyst, rapidly alters in character, and becomes thick, and in certain cases, fibrous or even cartilaginous, at first from the mechanical coagulation of the fibrine of the blood upon its inner surface, and in cases of longer standing, from distinct inflammatory changes, brought about by the presence of blood acting as foreign matter. In some instances the thickening of the cyst is very great."

While Mr. B. expresses the opinion that in these cases it is generally sufficient, indeed it is the "only sound practice," to make a free incision into the cyst or tunical vaginalis, turn out the semi-solid contents, and allow the interior of the sac to granulate, he adds: "In old cases of hæmatocele, in old men, the practice of excision is the best," and then refers to the case already quoted. Equally emphatic is Mr. Curling in the last (3d) London edition, (1866,) of his well known Treatise on the Diseases of the Testis. At p. 219, after referring to the treatment by incision and removal of the contents of the cyst, he thus remarks:

"When the false membrane is not too firmly consolidated, the detachment and removal of the layers is the right treatment, but in a very large chronic hæmatocele with great consolidation and thickening of the sac, the best operation, especially in persons advanced in life, is the excision of the whole of the mass. The loss of the testicle in such a c

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of little importance; and the scrotal integuments contract so much from the removal of large tumors, that the wound would not only be comparatively small in size, and much less than if the hæmatocele were incised, but would also heal readily instead of being the seat of protracted suppuration." He then reports the following case, in which the operation was properly performed by Mr. Bowman, of King's College, Hospital, in January 1853:

"A laborer, aged fifty, two years before received a blow on his left testicle, which afterwards gradually enlarged, until it reached the size of a goose's egg. This swelling was also struck accidentally, and from this time rapidly increased to a great size. The tumor was pyriform in shape, firm, tense, opaque, but not at all tender. It reached nearly half way down the thighs. By firm pressure at a spot in the back part, I was able to make out the position of the testicle. Mr. Bowman punctured the swelling with a trocar, and gave issue to about fifty ounces of dark red fluid, which partly coagulated, and contained abundance of red globules. The tumor in a week regained nearly its former size. Having evacuated about a pint of dark brown fluid by puncture, Mr. Bowman excised the whole mass, and after tying numerous vessels, closed the wound with sutures. The patient recovered favorably in about a month. The tunica vaginalis was greatly thickened by extensive layers of fibrine, deposited within the sac. The testicle was sound, but concealed and flattened by fibrinous exudations."

Mr. Druitt, in the 9th London edition, (1865,) of his *Surgeon's Vade Mecum*, p. 671, observes that extirpation is the only remedy in those cases where the tumor is of great magnitude, and in which the testis is wasted by the continued compression, or is so completely involved in the fibrinous layers as to be undistinguishable. In such, he believes, the risk and the sloughing likely to follow the free incision and turning out the clot, is too great. Indeed, Mr. Curling, (p. 219, op. cit.) reports a case in which the patient died in a week after he had made a free incision for the purpose of removing a large quantity of dark grumous blood. The thickening of the sac prevented its collapsing after the incision.

Mr. Erichsen, in the 4th London edition of his *Science and Art of Surgery*, (1864,) under the head of Hæmatocele, thus observes: "If the tumor were of very large size, and the tunica vaginalis much thickened, hardened, and parchment-like, with adherent and laminated fibrine, castration might possibly be required. In the instance to which I have already referred, and which is represented in Fig. 504, this was rendered necessary in consequence of these conditions, and was successfully done." p. 1212.

Mr. Samuel A. Lane, one of the surgeons of St. Mary's Hospital,

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London, in the first volume of his edition of *Cooper's Surgical Dictionary*, (8th ed. Lond. 1861,) at page 847, lays down the following rules: "The plan of treatment suitable to a hæmatocele of long standing, differs widely from that which may suffice in recent cases. When the tunica vaginalis becomes thickened to the extent of five or six lines, neither tapping, injecting, nor incision, alone will be of any avail. The diseased tissues are incapable of repair. The layers of false membrane, after incision, must be peeled off from the interior of the tunica vaginalis, and the original membrane only left, or, if this cannot be effected, the entire adventitious structures, together with the tunica vaginalis, should be removed by the scalpel or scissors. . . . Should, however, the adventitious deposit be equally developed on the testis and epididymis, or should these structures have suffered disorganization and atrophy, castration should be performed as the only procedure likely to be effectual."

Nelaton, in his *El mens de Pathologie Chirurgicale*, Vol. V., pp. 644, 645, thus speaks of castration as a remedy for hæmatocele: "If we look at the results of the different operations which have been resorted to in cases of hæmatocele, with thickening of the tunica vaginalis, we shall not be astonished that the majority of surgeons have given the preference to castration. Its advantages as regards rapid execution and a speedy cure without unpleasant consequences, are incontestible. But then there is the loss of a testicle, and the examination of the specimens removed shows that in nearly every case the testis remained sound. We can readily, therefore, understand why practitioners have tried to preserve the organ, but altogether, if we compare the advantages and disadvantages of this attempt, we are forced to the conclusion that in many cases castration is really the operation which should be selected. . . . . However, the process of decortication, recommended by M. Gosselin, should be tried in certain cases. When the patient is young, decortication should be preferred. In such, of course, the hæmatocele can not be very *ancienne*, and consequently the layers of false membrane are not likely to be very adherent to the tunica vaginalis, nor will the latter be much thickened. If the patient is advanced in life, the affection of long standing, there is reason to fear that decortication will not be possible, and that the testis itself is imbedded in the layers of false membrane. . . . Decortication may be tried, and if not found practicable, then resort to castration."

M. Gosselin, one of the surgeons of *l'hôpital de Lourcine*, Paris, published in the *Archives Générales de Medicine*, for September, November and December, 1851, by far the most complete and valuable monograph ever written on the *Epaississement Pseudomembraneux de la Tu-*

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nique Vaginale dans l'hydrocele et l'hematocele et sur son Traitment. At page 385, in the December number, he thus refers to castration: "Boyer preferred this operation in those cases where, after incising the tunica vaginalis, its visceral layer was found to be considerably thickened, and the testicle itself enlarged and indurated, but he does not assert that such conditions are of frequent occurrence, nor does he explain why they require the removal of that organ. M. P. Boyer, in the notes which he has appended to this article, (p. 753,) declares himself an advocate for incision in ordinary cases, but prefers castration when the tumor is very large and encloses the testicle, but he does not furnish us with very precise ideas in reference to the latter indication. Castration is not so formally indicated in other treatises; I know, however, that it is performed by some surgeons of merit. I have learned that A. Berard regarded it as the preferable proceeding, having been witness to some of the unfortunate results of other methods reported in M. Cloquet's thesis. M. Denonvilliers, whose opinions I so greatly respect, has recently informed me that he prefers castration, as it is an operation of less gravity than any of those yet proposed. The little hazard connected with castration is undeniable, as is also the rapidity of the healing of the wound. In these respects it is much superior to the simple incision, excision, and the seton; but it compels the patient to submit to a painful sacrifice. To this it can not be said that the testis is in a bad condition, and its functions destroyed, for as we have already shown, such is not always the case, and patients would uniformly prefer to save the testis, if possible, even though its functions might be impaired."

The late Dr. J. Mason Warren, in his *Surgical Observations*, recently published, pp. 252, 253, reports two cases of hæmatocele, in which he made a mistake in diagnosis, and believing the testis the seat of disease, performed castration. He remarks: "Although there was a mistake in the diagnosis, the operation performed was the best for the patient, as the process of granulation in so thickened a sac, must necessarily have been very tardy, and the testicle was no longer of any efficiency"

Mr. G. M. Humphry, who wrote the article on the *Diseases of the Male Organs of Generation*, published in Holmes' *System of Surgery*, at page 566, Vol. IV., in referring to the treatment by incision and turning out the clots, thus observes: "This proceeding is not unattended with danger, and, if the patient be advanced in life, it is safer to remove the entire mass with the testicle."

Prior to 1834, Velpeau informs us (*Operative Surgery*, edited by Mott and Blackman, Vol. III. p. 415,) that he had twice performed castration

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in cases of hæmatocele, although he had reason to believe that the testicle was free from disease. But he adds, after referring to similar operations by Roux, Sornay and Voisin: "At the present time, however, it is requisite that this practice should undergo a reformation on this point. Hæmatocele requires neither excision of the tunica vaginalis, nor extirpation of the testicle. I have treated and cured a great number of patients with this disease, by either one of the two following operations, (injection and incision,) and which are the only ones I have employed since the year 1834, whatever may have been the degree of thickening or induration of the tunica vaginalis." He states that he had treated by incision fourteen or fifteen patients, and all of them were cured; the majority of them in from three to six weeks. He admits, however, that in one case the wound did not close up until at the end of two months, and that another patient died. He adds, that in this the hæmatocele which occupied the testicle itself, was situated in an encephaloid mass, and not in the tunica vaginalis, properly so called. May not this encephaloid appearance have been due to the changes occasioned by the pressure of the accumulated blood, as in the two cases reported by Sir Benjamin Brodie, in the *London Medical Gazette*, 1832–'32, p. 927: Sir Benjamin found a very large quantity of grumous blood in the tunica vaginalis, while at the back part a soft pulpy mass was seen, "not at all resembling the testicle in structure, and only recognisable as such by its connection with the epididymis and vas deferens." In advocating the treatment by incision so strongly, Velpeau seems to have forgotten that long ago Percival Pott had furnished us with the proof that the operation by incision is occasionally followed by great constitutional disturbance and even death. (*Vide* Pott's Chir. Works, Vol. II.) Again, we may appeal to the testimony of his own countrymen, that both of his favorite methods have been followed by serious and even fatal results. M. Gosselin, in the admirable monograph to which we have already referred, p. 307, notices the fatal results of incision which occurred in the practice of A. Berard and Nelaton. He cites the case thus treated by Blandin, in 1843, in which the most violent symptoms followed; the testis was destroyed by gangrene, and the patient, having narrowly escaped death, recovered at length after most protracted suffering. Indeed, after a careful study of M. Gosselin's whole paper, and an unprejudiced examination of all that has been written in favor of his own process of decortication, we are fully persuaded that in cases of hæmatocele of large size and of long standing, with a greatly thickened and disorganized condition of the parts, castration is by far the safest, and in every respect the best operation. As M. Gosselin has himself observed,

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this morbid condition of the tunica vaginalis, favors the development of inflammation and unhealthy action after interference by any of the methods proposed, and hence we maintain that as these diseased surfaces are removed, in a great measure, by castration, so are the patient's chances for complete cure thereby increased, and a favorable result rendered almost certain.

Aneurism of the Brachial Artery cured by Ligature on its Cardiac Side; followed by Circumscribed False Aneurism, cured by Ligature of the Axillary Artery. By L. D. WATERMAN, M. D., Indianapolis, Ind.

I am induced to report the following case of Aneurism of the Brachial Artery, from the fact that several writers, among them Powers in his *Anatomy of the Arteries*, state that this disease is very rare.

Jacob Hub, a German butcher, aged 32 years, with an unhealthy putty-like complexion, came to me in May 1857, with a tumor as large as a small hen-egg, on the middle of the left brachial artery. It was increasing steadily, was somewhat pointed and near the surface at its apex, visibly pulsating, and could be emptied by pressure with the finger. It filled rapidly from the cardiac, slowly from the distal side. He had insufficiency of the semilunar valves, with great consequent hypertrophy of the left ventricle of the heart. Violent pulsation of all the superficial arteries was visible to the eye.

I ligated the artery without chloroform, (on the cardiac side of the aneurism,) in its upper third, to avoid the diseased portion of the vessel. The aneurism shrunk to a small hard lump without pulsation. The ligature, having probably been tied too loosely, did not come away as soon as usual. The incision healed, except the outlet of the thread, by the twentieth day.

On the sixteenth day after the operation, with the ligature still hanging to the artery, he attempted to butcher a calf; and a few days later called my attention to a rapidly-growing pulsating tumor of the artery just above the ligature. I advised ligation of the axillary artery; but having been told by a homœopathic physician that the disease could be cured by medicine he put himself under that treatment.

Two weeks subsequently I was hurriedly called to him; "he was bleeding to death." I found him prostrate with loss of blood—the false aneurism having burst while he was walking the house. With the assistance of Dr. M. R. Wickersham, of Mankato, Minn., I tied the axillary artery

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in its lower third, without chloroform none being at hand. The ligature came away at the proper time, (the other ligature was removed at the time of the second operation,) and the artery between the two ligatures, as well as the original aneurism, was obliterated. I learn from Dr. Wickersham, that the man died of dropsy about six months after his recovery from these aneurisms and operations.

A Materies Morbi not necessary to the Causation of Disease. By S. Littell, Philadelphia, Penn.

The almost universal acceptation of the doctrine of a *materies morbi* as a necessary cause of disease, has given a wrong direction to thought and investigation, and has made the theory of medicine a medley of unsatisfactory, and often contradictory hypotheses. It has taught us to look *without* rather than *within;* filled the mind with myths of its own creation, and while the fears of contagion which it has often unnecessarily excited, have had an injurious influence upon the sick, has led to the adoption of supposed preventive measures, involving great expense and inconvenience, both public and private. Can we not find in the constitution and operations of the animal economy itself, a simpler, more obvious, and more intelligible rationale of many of the phenomena which we daily witness? To my mind the interrogatory admits only of an affirmative response. If we assume the brain to be the governing organ, it will he apparent that the capability of resisting noxious impressions will be greatest when its organization is most perfect, and its action most vigorous. But as all do not enjoy this happy condition of things, and as in those who do, the cerebral functions are not at all times performed with equal vigor, there will be a large number of persons, of every age, constantly prone to disease. Moreover, the want of due innervation may lead to as great a diversity in the expression of morbid action as there are tissues to be acted upon; and as any one of these is seldom affected alone, the combinations will be almost endless. We are not necessarily compelled, therefore, to look beyond the system itself for a multiplicity of causes in order to account for the many varieties of disease which we see. A single agency may produce results as general as its influence, and as various as the existing predispositions. If this agency should be itself analogous to, not to say identical with, the nervous force; if it should bear such a relation thereto, that changes in the one produce corresponding changes in the

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other; if, furthermore, it should be in a state of constant fluctuation, its diminution depressing and its increase exciting vitality; and if its action on the animal economy should be affected by various meteorological conditions, as heat, cold, dryness and moisture; it will be seen at once that we have a power adequate to the causation of a host of diseases: more especially if we take into consideration the predispositions induced by countless circumstances affecting individuals alone, or involving whole communities. Now electricity is an element which possesses these characteristics; and variations of electrical tension, or fluctuations in the quantity of the electrical fluid contained in the atmosphere, elevating or depressing the action of the brain, according as it is in excess or otherwise, will afford a satisfactory solution of much which has been attributed to malaria and other imaginary poisons. I say *imaginary*, because we have absolutely no proof of their existence, and their supposed effects are susceptible of a more rational explanation. The frequent occurrence of intermittent and remittent fevers in localities where there is no vegetable matter, and where therefore there can not possibly be any decomposition, and the complete exemption of other districts in which every circumstance of climate, soil and atmosphere, conspire to generate paludal exhalation on a large scale, have induced some late writers to abandon the theory of marsh *miasmata*, and a materies morbi being supposed to be absolutely necessary—to recognize instead a more general and comprehensive, but equally mythical and undefinable quality, which they call *malaria:* thus substituting words for things, and deluding themselves with the semblance of knowledge which they do not possess. The product of vegetable decomposition, whether called miasmata or malaria, if really noxious in any considerable degree, is much less so than is commonly imagined. The fevers to which it is supposed to give rise, are less prevalent when such decomposition is greatest, and are notoriously produced by other causes. A remarkable illustration of this is related by Mr. Eastwick, in his *Journal of a Diplomatic Residence in Persia.* He was informed that Suram, a village of Georgia, was very unhealthy, and that of three thousand soldiers employed on the roads the year previous to his arrival, one thousand were constantly ill of fever. The sickness was attributed to the prevalence of a cold wind in conjunction with an intensely hot sun. The men threw off their clothes, and were immediately prostrated by fever. A similar instance which comes under my notice as I write, is recorded by Viscount Pollington, in his recently published narrative of a tour "*Half Round the Old World,*" and, curiously enough, the habitat is nearly the same;—Botlick in Circassia being situated immediate-

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ly north of Georgia. The cause of the sickness was probably alike in both cases, and the resultant fever was the consequence of the sudden abstraction of vital heat, or electricity from the system. "In the middle of the day we arrived at Botlick, the chosen home of fever, though why—it would be difficult to conjecture. It lies in an exactly similar situation to our morning's starting point, which is entirely exempt from this disease, between rocky hills at the bottom of a valley, and has as many or more walnut and other fruit trees, growing around it. The vines are most beautiful, festooning tall apple trees to their very tops.

"We had started early, intending to pass this place without stopping, but we were told that the time of fever was just over by a week; so, finding agreeable quarters in the officer's house, we remained. The sun was certainly very hot in the middle of the day. * * * The time of fever here is June, July and August. It attacks to a certainty any person who remains three days here."

The endemic fevers of this country occur at a somewhat later period. The heat of the summer has been succeeded by the cool weather of autumn, and the system, exhausted by the undue stimulus of the caloric, now withdrawn or greatly lessened, is in a state of debility, and fitted therefore, to become a ready prey to disease. In such circumstances the brain can do little more than supply the ordinary demand. There is no vital heat or electricity to spare for any unusual emergency; such as its rapid abstraction through fatigue or from imprudent exposure in the early morning and evening, when the air, charged with moisture from the ascending and descending dew, has become—*what it was not before*—an active conducting medium. The immediate consequence of such exhaustion or exposure, is usually a chill, induced by congestion of the vessels connected with the Portal Circle; this is followed by reaction and other symptoms of fever, by which the equilibrium is temporarily restored; the type being remittent, quotidian, tertain, quartan, etc., according to the strength of the impression, and the constitution of the individual. There is no mystery or difficulty on this hypothesis, in accounting either for the periodicity of the disease, or the influence of tonics in preventing its recurrence. The febrile movement, which is an effort of the vis medicatrix—itself a cause of ultimate exhaustion—imparts an unnatural impulse to the brain, which suffices to maintain its action for a time; as this impulse lessens, its vigor diminishes, until the stimulus afforded by a renewal of the paroxysm, again becomes necessary to sustain the vital functions. In like manner the temporary exaltation of cerebral action produced by tonics, prevents the recurrence of the vicious circle of morbid action until

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the brain recovers its accustomed energy, and is able, unassisted, to furnish the sensorial power which is required for that purpose; or, losing ground, the paroxysm becomes anticipating, intermission glides into remission, and matters proceed from bad to worse until the case often terminates fatally. At a later period of the year, under the invigorating influence of a greater degree of cold, and the breathing of an increased amount of oxygen, the predisposition changes to a different class of diseases, and instead of the so-called malarious fevers, we have the Exanthemata, Phlegmasiæ, etc., etc.

If it be asked what advantages this hypothesis possesses over the malarial and specific theories so generally adopted, and so firmly believed; I reply that it is not only more simple, and more in accordance with the nature of things, but that it also leads directly to important practical results. It is well known that—due attention being given to the removal of congestive determinations—tonics generally, and the sulphate of quinia in particular, are our most efficient remedial measures in the treatment of such fevers. Any thing which produces a strong impression on the system, will often have the same effect. These are agencies, it may be observed, in passing, which neither neutralize nor eliminate poison; their only action is on the brain, and consists in a temporary increase of nervous power. What therefore can thus be cured, it is reasonable to suppose, may likewise be prevented. *Occurrite morbi!* Let means be taken before the intervention of actual disease, to support the impaired energies of the system; let the people be instructed to avoid as far as practicable all excessive fatigue at this juncture, as well as all unnecessary exposure to the air of early evening and morning, when the atmosphere is saturated with dew, together with whatever else may debilitate and depress; and intermittent and remittent fevers, now so prevalent in some parts of our country during the early autumnal months, will become much less frequent.

In a late expedition up the Niger, a river so fatal to former explorers, the health of the crew was preserved in a remarkable degree by the exhibition of a few grains of quinia twice a day, with other hygienic precautions; and domestic medicines less effective, are often employed by the common sense of mankind, for the same purpose, and with like effect. I would recommend, as in the instance mentioned, the general prescription during the latter part of August and throughout September, of three or four grains of quinia, morning and evening, in full confidence of its beneficial prophylactic influence Other precautions,—a change to clothing of non-conducting property, and the avoidance of the burning rays of

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the mid-day sun,* might also be added to those mentioned above, as conducive to the same end.

The preceding remarks have been made with particular reference to what are called malarial fevers, or rather, these have been adduced in illustration of the *modus operandi* of the cause which I have suggested; but they are equally applicable to all epidemical diseases, and also to many others. Variations of electrical tension—regard being had to the existing debility and predisposition—will afford a satisfactory etiology, without invoking the interposition of a materies morbi, in the shape of miasms, and blood-poisons, as numerous and as varied as the different forms of morbid action.

A Case of Gonorrhœal Rheumatism, with Treatment. By WAYNE GRISWOLD, M. D., Circleville, Ohio.

Called to see Mrs. ——, February 18th, 1867. She lives in the country, is a farmer's wife, had generally been healthy, strumous taint in constitution. Age 40 years, light complexion, light colored hair, blue eyes, and tolerably fleshy. When her husband came for me, he told me his wife was very sick with rheumatism; had been bad for two weeks. I also found she had been under the care of a quack.

I found her in bed, unable to move, with the right knee extensively swelled; very tender to the touch; moaning with excruciating pains; increased heat, but no redness of the skin. Could not move the limb; the knee was large and white, but intensely tender and painful, resembling in appearance more an indolent white swelling, than rheumatism.

The pulse was one hundred, and irritable; tongue white; bowels had been moved; water high colored, containing an excess of lithates, some pain and burning on passage of water. Upon inquiry I found there was some vaginal discharge. At first I could not satisfy my mind what ailed this woman. There were severe inflammation, great swelling of the knee, presenting all the local phenomena of rheumatism except the redness of the skin, and the unusual fullness and roundness of the joint, more so than are generally found in rheumatism. The pain, tenderness, increased heat,

* The momentary shudder which is sometimes felt on going into the sunshine, in warm weather, is caused by the escape or radiation of vital electricity, owing to its affinity with the solar heat; and relapses in intermittent fever are often attributed by the people of the country, to imprudent exposure to the rays of the sun.

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swelling and redness of the skin, which characterize rheumatism were all present except the redness. Any attempt to move the limb, or the slightest pressure was extremely painful.

She had been growing daily worse for two weeks. I reflected some time upon the case before I could make out a diagnosis. Here was an elegant farmer's wife, in easy circumstances, living ten miles from town. Could she have gonorrhœal rheumatism? I know "this is a sad wicked world."

After many inquiries, I told her she had not given me all the particulars of her case. She said I had better call her husband in, that he could explain the matter better, which I did. He informed me that some six weeks before he had been East with a drove, and had returned with a gonorrhœa, and probably had given it to his wife. This information filled up all deficiencies in the case. The diagnosis was full, complete and plain.

In an extensive practice for many years, I have met with but few cases of gonorrhœal rheumatism, and the great interest in this case to me was the diagnosis.

The line of distinction between gonorrhœal rheumatism and ordinary inflammatory rheumatism, is often difficult, and many of our best authors are not clear upon the diagnosis. Swediaur, who was, perhaps, the first to recognize the cause of this disease, in his description of the gonorrhœal tumor of the knee, or gonocele as he called it, gives a fine description of this disease. Chambers, in the great variety of cases he gives, fails to make the diagnosis clear to the medical student, and in one of his most interesting cases acknowledges that he mistook the nature of the disease for several weeks.

Hunter did not even recognize the disease, but Ricord fills up the chasm and gives a clear and full description, better, perhaps, for the student of medicine, than any other author. Some of our American authors say little or nothing about this disease. Even Flint, one of the latest and best, passes it over with a few lines. He says it is one of the instances in which the term rheumatism has been misapplied. He would seem to agree with Barwell and others, who call the disease pyarthrosis, dependent on purulent infection of the blood. He ought to know, from his extensive field of observation, but I can not see it; for this disease is certainly different from any cases of pyæmia I have ever met.

There was another point of some interest in this case. The gonorrhœal discharge still continued, although the inflammation of the knee had progressed for two weeks.

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Some writers tell us that the gonorrhœal discharge ceases before there is any swelling of the joints.

Treatment. One of the following powders was given every four hours for two days:

R.	Potassa Nitras - - - - - - -	gr. cxx.
	Hydrarg. Cum Creta - - - - -	gr. xxiv.
	Morphiæ Sulph. - - - - - - -	gr. ii.
	Ft. pulv. No xii.	

After which the powders were continued every six hours, leaving out the Hydrarg. Cum Creta, with the following in teaspoonful doses between the powders:

R.	Potass. Iod. - - - - - - -	gr. clxxx.
	Aquæ Puræ, - - - - - - - -	oz. iii.

Local Treatment. Large blisters to the knee, first below from the center down and around the limb, then above. These were kept sore by the use of the calomel and iodine ointment. This treatment was continued for five weeks with slight variations. The vaginal discharge was let alone, except the use of soap with injections.

After the reduction of all active inflammation, and the cessation of all pain, and much of the tenderness, the knee was painted daily with the following compound:

R.	Collodion, - - - - - - - -	oz i.
	Iodine, - - - - - - - -	gr. xxx.
	M.	

By the evaporation of the mixture a perfect cap was formed over the entire joint, pressing equally upon all parts, and it also contained one of the best sorbefacients we have. Over this a bandage was applied to aid in constant pressure over the knee. Under this treatment the effusion was rapidly absorbed.

The general treatment was also changed at the same time to the Syr. Fer. Iod. and Cod Liver Oil.

During all the treatment, I generally gave a free dose of quinia about 5 o'clock, A. M. I seldom treat any severe or obstinate disease that I do not give one or more doses of quinia early in the morning, at the time when the vital forces are at the lowest point. And we have no medicine or stimulant that acts so directly upon the nerve centers, creating nerve force, not only upon the nerves of sensation and volition, but upon the nerves of organic life.

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After the reduction of most of the swelling, narrow strips of blister plaster were applied around the joint for some time, to reduce the thickening of ligaments and tendinous portions of muscular attachments around the knee, at the same time using gentle motion.

An injection of zinc sulph. checked the vaginal discharge. It had nearly ceased before.

This was the general course of treatment persevered in up to May 12, when the case was dismissed. She being able to move about with a staff, felt quite well, had gained several pounds of flesh during the last month, could extend the limb within a few degrees of straight, and flex it so as to walk comfortably. The effusion was entirely gone, yet there remained some thickness of the ligaments of the joint, with a good prospect of entire use of the joint.

Oblique Fracture of the Femur—Necrosis of the entire Shaft, arising from Coxalgia. Improved Method of Treatment. By R. E. HAUGHTON, M. D.

W. Brown, age 17, farmer, in walking on level ground, broke his left femur, in an oblique direction, which threw him to the ground. He was picked up, and carried to the house, and laid upon the bed. I was sent for to visit him, living in Ohio, five miles from the city of Richmond. It was the 17th of June, 1866, ten o'clock at night when I arrived, and examined his condition, and heard the following history of his life. At about eighteen months of age, while yet in his cradle, he had a swelling about his left hip, with pain, and after considerable suffering, suppuration occurred, and discharged itself through the tissues just below the hip, and near the fissure running across the back of the thigh below the gluteus maximus muscle. He remained more or less helpless for a long time, but finally he partially recovered, with anchylosis of the hip joint, and shortening of the limb to the extent of three full inches. When in this condition, he began to go about, and walked with the toes and ball of the foot resting upon the ground, the heel drawn up with all appearances which belong to old cases of coxalgia. From this early age till the occurrence of the fracture—the occasion of my visit to him—there had always been some discharge going on, and at various points of the limb. I counted five or more points which had, at various times, been open and discharging pus. At the time I saw him, there were two openings, one external, and two inches above the knee, the other about the middle of

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the thigh. The matter was pus, and upon microscopical examination. contained the evidences of bone tissue, and pieces of bone, with pus cells. I examined the shaft of the bone from the various points of opening, and found the bone at various points denuded of periosteum, and the whole shaft, at least from the trochanter major to the condyles, involved in disease, and the microscope revealed a rapid destruction of the bone. His general health had been good up to the period of fracture, so much so that he ploughed corn every day. Here was a fracture, very oblique, in this condition of bone, and *it* diseased, for about 15 years more or less. At this time there seemed to be no active disease about the joint, as the opening which had discharged matter was healed up, and no pain or soreness existed. The fracture occurred at about the junction of the upper and middle third. It was in the night, and I had him placed in the most comfortable position, and gave him an opiate, and determined to wait till morning before proceeding to treat further the case. With all the conditions present, I thought it very uncertain, if it was adjusted, that any union would occur. . Besides, it was in the month of June, and I knew if it did any good, it would require weeks upon his back, with the heat of summer, the constant discharge, and confinement in one position, must tell upon his health very unfavorably. By the morning, however, I had determined what I should do, and how I should do it. I then told the boy's father the dangers and risks of failure to get union, and if so, the results of failure.

He supposed, being quite intelligent, and knowing well the history of the case, that I would propose amputation of the limb. I said not *now*, but if we should fail to get any union of bone, then amputation would be our last effort. I told him then that I would treat it as I would treat any other fracture, hoping to secure a substantial and reliable union, though it seemed as though there was nothing to justify such a result. But, acting upon the presumption that nature cures, and that my duty was to aid her—and that the conservative idea was the true one, as to the limb—I determined not to sacrifice it unless I was forced to do so.

Treatment. I procured a fracture bed, with pulleys arranged so that we could raise or lower the body at any time, placed upon it a smooth straw mattrass with a sheet over it, and a stretcher above it, so arranged that one turn of the windlass at the head of the bed, would raise the patient clear of his bed. The pulleys, with cords passing over them, were attached to each side of the stretcher, which was kept upon the stretch all the time, by the posts of the bed, so that he was raised very easily and smoothly. I then attached adhesive strips as high as a little above the knee joint, on each

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side of the limb, and meeting just below the foot, preventing pressure upon the malleolar processes by inserting a light piece of wood, excavated at each end, and placed between the straps as they passed beyond the foot. An upright piece of wood, with a pulley attached to the foot of the bed, and passing over the pulley a strong cord, which is attached to the loop below the foot, and below to a weight of from six to ten or fifteen pounds. This was the mode of extension, and admirably did it effect the object, as it always kept up a regular and continuous extension. After adjusting the adhesive strips, I bandaged the limb neatly from the toes up to the first point of discharge above the knee. I allowed his body to act as the counter-extending weight, by raising the foot of the bed some four or six inches. Instead of using any bandaging or dressing above the knee, I allowed it to remain open and exposed, that the discharges might be removed and the limb kept clean, and for the purpose of observation. As splints, or to subserve the purpose of splints, I used sand bags on each side of the thigh, in its whole length, and by this method he was rendered perfectly comfortable, and suffered less pain at all times, than in cases of ordinary fracture. During the second week increased suppuration from the bone at the point of fracture, and a new opening was made to evacuate it. So we went on; the same thing occurring at the old opening below the hip, until it seemed the whole limb was a mass of matter. Rapid and early evacuation, however, remedied this difficulty, and at the end of six weeks, the ordinary time for healthy bone to be united, we seemed to have made no progress. Yet his appetite was good, and never complaining or repining. Upon a careful review of the case in connection with other physicians, it seemed as if amputation at the hip joint would be the final alternative. I still determined I would not operate while there was any chance to save his limb, and yet not jeopardize his life by waiting too long. Same treatment continued; good diet, with tinc. chlo. ferri. He commenced improving; suppuration diminished; pain, or rather soreness subsided; two openings closed up; three open. Watery discharge going on; some apparent solidity to bone. Eighth week; improving more decidedly; appetite better, though he never lost a meal. Improvement steady; more solidity of bone. Improving in flesh; has more color and strength. He continued to improve steadily till the thirteenth week was ended. No bed sores—a slight excoriation in one place on the sacrum, from some neglect of his nursing—well in a few days. After this applied a starch bandage the entire length of limb, and when dry gave him a pair of crutches, and got him up. He continued to wear the starch bandage for some weeks, and going on his crutches. He made a perfect recovery,

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so far as union of the fracture was concerned, seemingly as good as any other bone. No additional shortening of the limb above what had been in existence for years. The openings of discharge closed up, and he is now in the enjoyment of better health than at any previous time in his life. He is arranging a steel extension or foot piece to his shoe or boot, and will be able to walk very well, by its aid in the length of the limb. The shortening had occurred in his early life from the destruction of the head and neck of the femur, and retraction upwards of the limb. The mode of treatment was extemporized by me at the time, though not new to me, I had never seen it used in cases of fracture, though I recollected, that in reading Hamilton's work on *Military Surgery*, he recommends it in gun-shot fractures, and illustrates the plan by plates. And here I would refer to an article in the *Lancet and Observer*, of Cincinnati, Ohio, for May 1866, taken from the (*Buffalo Med. and Surg. Rep.*) entitled "Description of an Improved Extension Apparatus for the Treatment of Fracture of the Thigh. Introduced by Gurdon Buck, M. D., Surgeon to the New York Hospital, St. Luke's Hospital, etc." Introduced to whom, or into what? If introduced to the profession, it knew of it and had used it quite extensively during the late war, and had been fully described by Prof. Hamilton. If introduced into the hospitals mentioned, as a recognized method, and one possessing many advantages over the many methods by splints, then it is all perfectly legitimate. But we are left to infer that it is an improved method by Dr. Buck, and the more so from the particular description given of it in the article referred to. I used the extension by adhesive strips, and pulley and weight, and counter-extension by the body, which are the essential points of the treatment, together with sand bags instead of splints and bandages. Again, in the use of the starch bandage which was put on smoothly, and entirely investing the limb. When dry, I cut flaps or openings opposite the points of discharge, and turned them back, for the purpose of removing the discharge and cleansing the skin. To prevent the matter from getting inside of the starch bandage, and thereby excoriating the skin, I used small pieces of velvet sponge, applied upon such opening, and closed the flap in the bandage, and retained them in good position by a roller bandage applied over the starch bandage—which was very readily removed and re-applied by the nurses—and thus the limb was kept clean, and the "apparatus immobile" thus kept applied till the bone was entirely restored at the fracture. The article in the *Buffalo Reporter* says "In the employment of this method of treatment, experience has shown that in a large majority of cases, the use of the perineal band may be dis-

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pensed with, the weight of the body being sufficient to resist the extending force," *or to make sufficient counter-extension.* "The resistance may be further increased by raising the foot of the bed five or six inches above the floor." This article does not mention sand bags to support the sides of the limb, yet it is taught in Hamilton's description of this method. I used them in my case with great advantage over splints, which I could not have used, for the various reasons mentioned as conditions of the limb. One advantage of this method of treatment is, that it is easily supplied and often in a few minutes, and in almost any locality. If it is desirable to use a splint, the one invented by Dr. John T. Hodgen, Surgeon of Volunteers, in charge of City General Hospital at St. Louis, and endorsed by Hamilton, is the best I have seen, and combines the same extension by weight and pulley. But where there is compound fracture, or disease of bone, with consequent discharges, the sand bags I believe are all that is necessary to guard and protect the limb, answering all the purposes of splints when used with the weight extension. I am also inclined to believe that the shortening so often found to exist, after treatment by the other modes of extension adopted in splints, may, by this method be entirely prevented. It is the opinion of many surgeons that some shortening of the limb, after the best treatment, is the common rule. If so, it is an opprobrium of surgery which I hope to see removed. It is now about fourteen months since my patient received his injury, and about ten months since entire and perfect union of bone has occurred. The fracture was produced by his weight upon a bone necrosed so that it gave way by the effort in walking. The practical teaching of the case is, Never be in a *hurry* to amputate a limb for any condition of bone which might seem to require it, as recovery may eventually occur.

"In truth there are Brothers who will brag of the many they have dismembered, but they that truly understand Amputation and their trade, well know how villainous a thing it is to glory in such a work, it being more for your credit to save one member, than to cut off many."—*Richard Wiseman's Sixth Chirurgical Treatise.*

"Cut off,
Unshriven, unanointed, unannealed:—
If thou has nature in thee, bear it not,"
(*Complaint of the Ghost in Hamlet.*)

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Superstitions in Medicine, with Suggestions relating to Mineral and Vegetable Remedies. By ORPHEUS EVERTS, M. D., Michigan City, Ind.

Truth in the abstract is essentially spiritual, and is manifested primarily to man in the spiritual form of ideas. It is received upon the plane of understanding, and ultimated into consciousness by passing into the externals of memory, where it becomes subject to ratiocination.

Through the extremes of man's constitution he is related, consciously, to the realm of principles which we may call the spiritual world, (disclaiming anything beyond a scientific significance in our use of the term), and to the realm of appearances, which we may call the natural world.

Through these extremes of his relations man receives impressions of truth; from one extremity through the medium of the senses; from the other through that invisible, super-sensuous, yet undeniable connection of that which is created and *sustained* with that from which it is derived and continues to receive sustenance.

The reception of impressions through the senses constitutes observation. The reception of impressions through this spiritual umbilical cord, constitutes intuition.

Truths received through the senses, coördinated by the faculty of Reason, constitute inductive science. Truths received as intuitions, subjected to a similar process, constitute intellectual science.

Truth in the abstract is a unit, but in appearances is diversified. Diversity in appearances depends upon the receptive state of the understanding upon which truth falls, and the conditions of the organization through which it is ultimated into the externals of memory, or manifestation.

In a state of ignorance, truth, so far as apprehended, is ultimated into consciousness as superstition. In a more cultivated state of the understanding, under the refining influences of education and civilized habits, which affect the organization correspondingly, the same truth assumes the appearance of science.

In a still higher, yet possible development of understanding and organization, that which was science becomes knowledge. Intuitions of truth which are common to all races, ages and conditions of men, may be regarded as organic sentiments, and essential to man's well being, no matter what the special manifestation (corresponding to different states of understanding and cultivation), may be. These organic sentiments must be regarded as indicative of the highest and most important truth respecting man; because, however assailed by the testimony of the senses,

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manipulated by reason, which is as potent, flexible, ingenious, versatile and persistent in confirming error as it is in establishing truth, they remain unmoved, ineradicable.

Among these we may mention the organic sentiments of God, of immortality, of super-sensuous influences affecting man: but that which is more interesting in this connection, is the organic sentiment of cure; *ergo* "the Doctor."

As the organic sentiment of God manifests itself in the various phases of superstition, familiar to the world, so the organic sentiment of cure, equally as universal, manifests itself in superstitious ideas, embracing all the various methods and pretentions of cure, short of science.

With the great majority of mankind, even in civilized communities, the understanding of men, so far as this intuition of cure is concerned, has been neglected; hence the relation of cure to disease, hence of the doctor to the performance of his functions, remains a superstition.

It does not reach even into the higher planes of science as perceived by multitudes of practitioners. Yet there is no evidence so substantial in favor of the fact of cure through external agencies; in favor of *the Doctor* as an indispensable functionary in all communities as this sentiment.

Often the subject of witticism, or of intellectual sneers from the learned of other professions, we hear now a frequent condemnation of the profession; and not infrequently the assertion, sometimes from high sources, that the human race would profit by ignoring medicine and all its pretentions. And, had not the profession of medicine a foundation deeper and surer than superficial intellectual perception accords to it, although it be a foundation which thus far has not transcended superstition in its general manifestation, we should be compelled to admit the plausibility of this judgment. For when we embrace the entire range of the profession, including the administration of all external agencies with a view to cure—all the quackeries of this and preceding ages—and consider the vast amount of nauseous, poisonous, crude, illy selected, worse prepared, and ignorantly administered drugs in the light of advanced science, how can we fail to join in the affirmation? Does not the practice of our most scientific men to-day condemn, as injurious, dangerous, much of the practice of our most scientific predecessors?

Observe the modern commentaries, increasing monthly, on the use and merits of that once most famous of all remedies, Calomel! An aphorism of a Professor of Practice, in my student-days, was: "So far, gentlemen, as you may have pushed the lancet, thus far will you have con-

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quered the disease!" The profession of to-day would add, "and your patient, also." Yet these doctors of the "olden-time" were as popular as we are. They performed their duties to society as faithfully, and were held in as high esteem for wisdom and success!

What may we infer from these facts and considerations? That, because the relation of the diseased to the cure, or of the people to the doctor, is to so great an extent a matter of superstition; and because every step in advance, made by science towards knowledge, condemns that which it leaves behind, we should therefore sneer at all medical pretentions? By no means. But, rather, this: "The Doctor," and all that we desire to signify by the term is a response to the sentiment of cure in man's nature, and is essential to man's happiness on whatever plane of perception he may be living.

That this organic sentiment may, and should participate in the general cultivation of the understanding; but, thus far in the progress of civilization, it has been neglected to a great extent; so that men and communities, well advanced in intellectual culture, and general science, are still immersed in a flood of superstition in their relation to medicine. It is a matter of every-days observation, that men otherwise well informed, who would spurn the idea of going to the barbarous Dakotas, or the savage Sioux, for wisdom or skill in matters pertaining to religion, politics or any of the arts of life, will swallow without hesitation unknown nostrums if administered by a pretender who claims to have obtained the secret from some mysterious Ojibwa, with the assurance that it is "purely vegetable," having no other possible recommendation to their confidence.

So, too, it is a common occurrence that men who, while in health, from their intellectual perceptions of the fallacies and apparent inconsistencies of medical pretentions reject the profession with supercilious contempt; yet when seized by pangs of disease yield to the re-assertion of the organic sentiment of cure, and manifest it in its most superstitious features.

But may we not, also, infer from all the testimony (not herein discussed) that any system or practice of medicine, from the incantations of the painted savage "Medicine Man" of the aborigines to the administration of our most learned and conscientious Professors of Medicine, each being a response to the needs of this organic sentiment of cure manifested through the various phases of its development, *is better than none!*

Who can estimate the part which this sentiment itself may perform in the process of cure, in conjunction with, or in defiance of the various agents introduced from without, in answer to its call?

But correlated with this general medical superstition which demands,

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and will not dispense with doctors and medicines, are some well marked special superstitions respecting disease and cure. If it be true that there are, or even may be reflections of truth from an ignorant understanding through the medium of uneducated faculties, they should arrest our attention, and be treated with at least the consideration of inspection.

Among these special superstitions there is none more widely diffused or that has taken a deeper root in the popular mind, than that which affirms the superiority of vegetable over mineral agents as medicinal remedies. This is not a matter of education, as has been suggested. Quacks do not educate the people: they are themselves ignorant, but sufficiently intelligent to recognize the language of their kind, and shrewd enough to take advantage of information thus gained, by which they may bring themselves into repute; harmonizing with, and catering to the needs of a popular superstition.

It is in vain that science assures this superstition of the fact that Nux Vomica, Opium, Aconite, Vératrum, etc., are as poisonous and deadly as are Mercury, Arsenic, Antimony, Copper and Lead. A knowledge of this fact does not affect the perception of ignorance on this subject in the least. And why? Because it is not in the specific power of these agents, as compared one with another, that the mystery of merit lies; but in something else which ignorance fails to explain, and which science, sometimes supercilious, declines to investigate below the surface.

The question with us should be, may not this truth, when reflected from a more cultivated plane of perception, appear as science? Is not the scientific world at this hour gradually approximating an affirmation of this heretofore superstitious assertion? What has banished antimony, questioned Mercury, and turned away from Lead, in these later days? It may be somewhat difficult for the profession to give a satisfactory answer to itself.

It would not do to acknowledge that science has been imperceptibly or forcibly crowded into a preference of vegetable extracts, resinoids and alkaloids, against its own perceptions of truth. It would not be true to assert that the profession, *par excellence*, has been educated by the superior wisdom or deeper research of the "Botanic Schools."

Physiology has not spoken a word on this subject, directly. Chemistry has neither approved nor condemned. Yet, a choice has been, and is being made, in which testimony is in favor of vegetable products as remedial substances. Such a fact is not without significance. Let us see if some light may not be thrown upon it from a new stand-point in therapeutics.

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In a paper published in the August number of this Journal, current series, entitled "Disease and Cure," it was suggested that the power of cure resides in the organism, and is a part of that science which attaches to all organization, corresponding to the needs and functions of each specific organ, tissue, or being. That this science presides over organization, and endows it with intelligence to the extent of selection and appropriation from pabulum offered in common to all the organs of a given being, such parts, substances, or elements as are adapted to the wants and uses of each organ, together with the power to reject or eliminate substances forced upon the organs "not wanted" if within a given limitation, This proposition is not likely to meet with denial so long as it is confined to the relation of the organs to nutrition and functional use. Let us apply the same theory to the relation of the organs to medicines. Let us assume that all substances, when introduced into the system, are subjected to the same laws. That the organs either accept or reject them according to their needs and compatibilities. What class of remedies would any Physiologist be certain to pronounce as most likely to be accepted and appropriated by the organs, other things being equal? Without hesitation the answer would be, that class which has already passed through or into the process of organization: Organized products. Next to this would be, elementary substances most capable of entering into organization through assimilation. Let us modify the superstition, then, and assert the superiority of organic compounds and elements, instead of running the line of distinction between mineral and vegetable, and doubtless we approximate a scientific affirmation. Man is the ultimate of organization. All organic processes which preceded man were causes conspiring towards the production of man. Being the ultimate, highest most complex form of organization, he is in all of his characteristics, qualities, manifestations and needs, the farthest remove from inorganic forms. Even the mineral elements which enter into his organization are required to enter into lower organic compounds before they are adapted to his use. It is true there is a certain amount of tolerance in the mature body, if not of use, for an exceedingly limited number of mineral compounds, in minute quantities, which are capable of entering into organic forms, but which have not already done so: such as the compounds of Soda and Iron. But it is questionable, now, if the organs of the human body are not sensitive on this point. Will not the Spectrum Analysis throw light upon the subject?

In view of the above facts we may infer that all objects introduced into the human system, influence the organization and the special organs upon

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which they may be thrown in one or two ways: by being appropriated, and affecting the organ by entering its intimate structure, with a remote influence upon other organs through the effect produced upon the function of the organ directly influenced—or by rejection, affecting the organs through the necessity of elimination, with like remote influences from functional disturbance occasioned by the above necessity. Physically considered, all substances not already organized, certainly all substances not adapted to the organic needs of the human body, affect the system through this necessity of elimination. The same may be said of all organic substances given in quantities beyond the immediate requirements of the system. Is not this effect, virtually, poisoning? If the quantity is greater than the eliminating capacity of the system, the effect is fatal. If within that capacity, we call it medicinal. Query: Is it valuable?

The following quotation from Prof. BOUCHARDAT appears in the Journal for September, and is an admirable illustration of my thought respecting the comparative merits of inorganized and organized agents as medicines.

"The minute division of Iodine in Cod Liver Oil, the particular state in which it exists, must singularly facilitate its absorption by the tissues. * * * Also, Iodine in the oil is not eliminated from the system *as the other soluble preparations of Iodine;* in this elementary combination its action is slower, more regular, and more persistent."

Why? Because it has been subjected to a preliminary organic process in the liver of the Cod, adapting it to the use of the more complex organization of the human tissues.

But, admitting all of the above suggestions as true, it may still be contended by the advocates of "heroic treatment;" by those who delight in the observation of specific effects from remedies; who cannot conceive of a possible good to be achieved by agents that give no immediate and visible token of power, who administer drugs as the unskillful play at billiards, sending balls with great violence, striking every possible angle of the table hoping to "scratch something," depending on "general results," that curative influences are exerted by violence done to the various organs, in requiring them to eliminate offensive and chemically hostile elements which never were, and never will be, accepted by the intelligence which presides over organization in the human body.

It would be great presumption in any author at this time to assert that emesis, diuresis, catharsis thus induced have never subserved a curative purpose. Like the more ignorant grades of medical men, in certain relations we admit them to have been useful, indispensable indeed; but it does not follow that they remain "the best."

If the ends once sought to be attained, with partial success through violent processes, dangerous and unnatural, can be effected by more intelligent methods, it is our province to discover and adopt them. By so doing we pass from superstition into science.

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A Case of Uretero-Vaginal Fistula — Successful Operation. By THEOPHILUS PARVIN, M. D.

In presenting an illustration of a lesion hitherto unrecognized among surgical diseases, so far as we have been able to ascertain by a somewhat diligent research of several treatises on surgery and many medical journals, and by inquiry of some of the leading surgeons and gynæcologists of our country—it is quite proper to refer for a moment, before entering upon a narrative of the case and its treatment, to a few authorities, in reference to the classification of urinary fistulæ in the female. Of course, the object of the reference is to show, so far as the authorities quoted will so do, the truth of the assertion that *uretero-vaginal fistula*, as a primary lesion, has not heretofore come under the notice of surgeons: that it may occur, and that it has occurred in some badly executed operations for vesico-vaginal fistulæ—the fistulous opening sought to be remedied being transverse and situated high up in the vagina, one or both ureters being cut in a too free paring the margin of the rent—is not to be disputed; but such examples are undoubtedly rare, and the lesion then is secondary,

In the article upon *Fistules Vaginales*, in the first volume of the *Bibliothèque du Médecin-Practicien*, Paris, 1842, p. 141, these lesions are divided into vesico-vaginal and urethro-vaginal. Jobert, *Traité des Fistules*. etc., makes no reference to a communication between one of the ureters and the vagina. Prof. H. H. Smith, *Principles and Practice of Surgery*, Vol. II., p. 559, speaks of vaginal fistulæ as vesico-vaginal, utero-vaginal and recto-vaginal: we confess ourselves at a loss to know the grounds upon which Professor Smith's second class is admitted. Professor Gross, *System of Surgery*, Vol. II, Urinary Fistules in the Female, refers to these lesions as vesico-vaginal, urethro-vaginal, vesico-uterine, vesico-utero-vaginal and vesico-rectal. Mr. Jonathan Hutchinson, *Holmes's System of Surgery*, Vol. IV., article Surgical Diseases of Women, gives the following classification: Fistulous openings may exist, 1st, between the urethra and the vagina; 2d, between the bladder and the vagina; 3d, between the bladder and the uterus; 4th, between the vagina and rectum. Sir James Simpson, *Clinical Lectures on Diseases of Women*, says: "Urinary fistulæ in the female usually implicate the base of the bladder where it rests on the vagina, sometimes high up, sometimes lower down, but commonly at some point in the bas-fond. Occasionally the perforation is into the urethra. In very unusual cases only, is the communication between the bladder and the neck of the uterus." Baker Brown, *Surgical Diseases of Women*, second edition, London, 1861, in his chapter on Vesico-vaginal Fistula,

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mentions vesico-utero-vaginal, vesico-uterine and vesico-urethro-vaginal fistula. Professor Byford, *Medical and Surgical Treatment of Women*, states that "Fistulæ of the bladder are sometimes located near the urethra, involving this tube; at others, at the cervix uteri, involving that organ; and again, in the middle, between these two points. But these fistulæ are also occasionally urethro-vaginal or vesico-uterine, without affecting any other parts." Da Costa Duarte, *Des Fistules Génito-Urinaires chez la Femme*, Paris, 1865, divides these maladies into urethro-vaginal, vesico-vaginal, urethro-vesico-vaginal, vesico-utero-vaginal, urethro-vesico-utero-vaginal, vesico-uterine, and uretero-uterine. Dr. Graily Hewitt, *The Diagnosis and Treatment of Diseases of Women*, London, 1863, speaks as follows: "The fistulous communication may be found in the canal of the urethra—urethro-vaginal fistula, or implicating the lower part of the bladder itself;" and in referring to the diagnosis of vesico-uterine fistulæ, asserts, "If the urine were seen running from the os uteri, this would conclsively determine the diagnosis." This last statement, though somewhat foreign to our present purpose, should not go uncontradicted, the necessity for contradiction being all the greater from the fact that it is made in a work whose chief merit, which is no little, is thoroughness and general accuracy of its teaching in diagnosis. We do not hesitate in saying that the escape of urine from the os uteri is not a conclusive proof of vesico-uterine fistula, for such escape equally will occur when the abnormal communication is between one of the ureters and the uterus.

Courty, *Traité Pratique des Maladies de l'Utérus et de ses Annexes*, Paris, 1866, speaks only of recto-vaginal, vesico-uterine, vesico-vaginal and urethro-vaginal fistulæ.

Without delaying to quote other authorities, we wish to refer for a moment before presenting the case, to the anatomical relations between the ureters and the vagina. And here any one who enters upon the investigation of the subject will be struck with the meagre and unsatisfactory information to be obtained from our text books on anatomy: we do not think it necessary to make good this assertion by a single quotation from Horner, Quain, Wilson or Gray.

Dr. Savage, *Illustrations of the Surgery of the Female Pelvic Organs*, London, 1863, gives the following statement of these relations: "On each side of the upper part of the vagina, the ureters turn upward to gain the sides of the bladder, running obliquely for a short distance in the vesico-vaginal septum, then forwards obliquely through its coats to open by two orifices about an inch and a half apart, about where they would open in the male."

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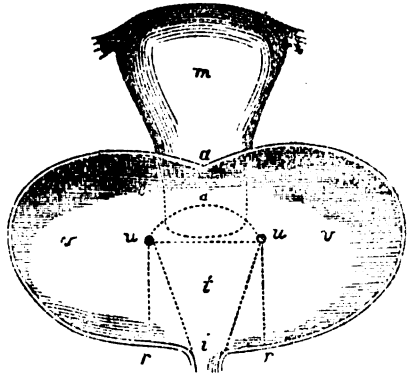
Probably, however, the following illustration by Dubois, and which we have had copied from Courty, *op. cit.* will be more satisfactory.



m, the body of the uterus, *c* the neck, *v v* the cavity of the bladder, *u u* the orifices of the ureters, while the *trigone vesicale* is indicated by the dotted line connecting them, and the two lines passing to the vesical orifice *i* of the urethra; the bladder adheres to the neck of the womb in the space indicated by *a a*, and to the vagina by a quadrilateral which includes the *trigone vesicale*, and extends both laterally and upwards from it. With this illustration before the reader, it will not be difficult to readily appreciate the anatomical possibility of the occurrence of such a lesion as we now proceed to detail.

In November 1866, Mrs. R., of Franklin co. Ind., aged fifty-four years, came under my charge to be treated for a urinary fistula. This lesion had its origin in her ninth and last labor, which occurred in March 1852; in all her previous labors save the second, in which turning was necessary, she had met with no difficulty, and her health had generally been good. In her ninth labor, delivery did not occur until the fourth day: for twelve hours before the artificial termination of the labor, all pains had ceased: the practitioner in attendance had vainly applied forceps and made traction efforts with great suffering to the patient; my friend, Dr. Davis, of Brookville, was then called in consultation, and he readily discovering that the child was hydrocephalic, perforated the distended fœtal cranium, and delivered with the blunt hook.

Mrs. R. was very ill for several weeks, and soon discovered that she had constant dribbling of urine. Menstruation never occurred after this confinement.

While a certain quantity of urine passed involuntarily, the bladder could be readily evacuated at stated times by the urethra, but such evacuation was made more from reason than from any instinctive desire, no

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matter how full the organ might be. She is conscious of the urine passing into the vagina, and she thinks she perceives it more readily when lying upon her *right side:* however, the quantity, as roughly estimated by the number of napkins that are wet in the twenty-four hours, does not vary, no matter what the position in lying, nor in standing, sitting, or walking.

Assisted by my friend, Dr. Thos. B. Harvey, whose kind and skillful help in the conduct of this difficult case I gratefully acknowledge, I made more than one careful examination, but for a time was completely baffled in determining the site and nature of the lesion. A urinary fistula there undoubtedly was, but where? Was it vesico-vaginal? Both digital and ocular examination failed to discover such a lesion; and besides, the bladder was repeatedly injected with milk, but not one drop of this fluid made its exit into the vagina, though we had the patient placed in different positions—on the back, right or left side, on the hands and knees. Was it vesico-uterine? We ought to have found some of the fluid injected into the bladder passing from the os uteri: we neither saw it nor any other fluid thus escaping, and besides, plugging the os uteri did not arrest the flow. The abnormal opening then, was neitheir vesico-uterine, nor uretero-uterine. The uterus was situated high up, and very little of the vaginal portion of the cervix remaining, the vagina quite large and very much relaxed, with unusually ample folds: these facts are mentioned to show the difficulty of exploration. Finally, by means of a large Fergusson's speculum, a minute opening in the vagina, scarcely large enough to admit the bulbous end of a laryngeal probe—an instrument, by the way, which I have found very useful as a uterine sound, and for the exploration of small vaginal fistulæ situated high up—this opening being upon the *right* of the median line, and a little below the os uteri, was discovered, and from it the urine escaped in frequent slight jets. The probe could be passed about three fourths of an inch towards the left, *in* not *through* the vesico-vaginal septum: once this distance was accomplished, by no "hook or crook" did we succeed in exploring farther.

I had the patient after emptying the bladder, sit for two or three hours over a vessel to collect all the dribbling urine; then immediately upon rising to evacuate the bladder into another vessel: the experiment was repeated several times, and in every instance the quantity escaping by the fistula was very nearly the same as that discharged by the urethra.

It seems to me that the facts thus brought forward warranted but one conclusion, viz.: that the fistula was *uretero-vaginal.* But admitting this, which ureter is involved? The orifice is nearer the right than the left; but the probe passes towards the left, and that the latter is the one which

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emptied into the vagina is sufficiently proved by the consequence of one of the three unsuccessful operations which were performed for the cure of the lesion, consequences which I shall mention when speaking of the particular operation in connection with which they occurred.

Satisfied as to the character of the lesion, the treatment should embrace two steps: viz., first, the establishment of a communication between the ureter and the bladder, and, second, the closure of the opening into the vagina. The first object was readily obtained by means of a medium-sized curved trocar, which was passed along the dilated fistulous canal as far as possible, and then turned directly to the cavity of the bladder, a puncture made of this organ, and upon the withdrawal of the instrument the milk with which the bladder had been filled, escaped into the vagina. Then for nearly two weeks, in order to insure the patency of this new opening, a large-sized probe was passed through it: in reflecting upon this step and upon the subsequent history of the case, I can not but think that quite probably this very process had a tendency to throw the two openings, vesical and vaginal, of the fistulous canal nearly if not quite opposite, instead of remaining distant from each other, as in theory they were intended to be, at least three-fourths of an inch.

In Figure 1, Plate 1., the position rather than the character of the minute fistulous opening is represented; the patient, as in the succeeding figures, is lying upon the left side; the speculum is that of Prof. Thomas, of New York, and somewhat at the expense of the laws of optics, there is represented in this first figure, the entire portion of the arm—attached to the speculum where the intra-vaginal portion terminates in the handle—and used to push forward the vesico-vaginal septum; those who are familiar with Thomas's instrument will observe that I have altered this portion of it—making it much larger, and somewhat different in shape and construction—this form, I may remark, was arrived at after experimenting with two or three others, and it really proved quite useful in this particular case.

December 16th, the first operation for the closure of the fistula was made. The paring of the edges was done by what Prof. Simon so strongly advocates, *Vierteljahrschrift für praktische Heilkunde.* xxiv. *Jahrgang.* 1867. *Zweiter Band.*, the abrupt beveling, making, in this instance a funnel-shaped opening. The hemorrhage was quite profuse, the light bad, and nearly all the conveniences for operating satisfactorily wanting: the failure which followed was not unexpected.

Next I cauterized, cauterized several times, cauterized once, having previously passed a silver wire through the healthy tissues beyond the fistulous margins, twisting its ends after the falling off of the slough,

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hoping that thus I might bring the freshened surfaces in contact and secure their union: but all without avail.

Then another operation in which I used Banon's harpoon for catching the fistulous edges, and vivified them, unannoyed by much hemorrhage, and with little expense of the deeper tissues: but this too failed.

February 10, '67, another cutting operation, and for a few hours I was congratulating myself upon its success, for no drop of urine escaped into the vagina. But then commenced the most agonizing pain in the left iliac region, in the course of the left ureter, and in the corresponding kidney, nausea, vomiting and prostration; and these symptoms persisted in spite of various remedies, both local and general, for more than forty-eight hours, subsiding soon after the free escape for the first time after the operation, of urine from the vagina: my patient was not only not better, but worse—a slough had taken place toward the left of the original fistula, and communicating with it, and I had not only a uretero-vaginal, but also a vesico-vaginal fistula!

In figure 2 of the first Plate, there is represented the appearance of the double fistula at this stage of the attempted cure.

As Mrs. R. had become quite broken down in health—weak, anæmic—I advised her to go home and recruit, deferring until spring all other operative procedures.

In May she returned, with her general condition much improved. Meantime I had two wants, the urgency of which I had experienced in previous, operations supplied—an operating table and a sky-light. On the 18th of that month, the operation was performed which, in its complete success was some reward for her heroic patience and perseverance. I was assisted by Drs. Harvey and Ward, and by my students, Messrs. Wright and Vance.

Three objects were kept in view in the operation: 1st, let the dissection be confined to a removal of a strip of mucous membrane; 2d, towards the left, where the ureter opens, let a margin be left next the fistula, obtaining the freshened surface for adhesion completely outside of the fistulous edge; 3d, let the superior freshened surface embrace a portion of the anterior lip of the womb.

As the anterior vaginal wall was, as previously mentioned, very much relaxed, when the dissection was done, and the wires introduced as represented in figure 1, Plate II, there was no difficulty in drawing up the tissues so as to firmly attach them to the denuded portion of the anterior lip of the womb, and in this process it is evident that the entire fistulous margin was inverted towards the bladder. Two of the stitches penetrated the entire thickness of the uterine lip; and of these two the one nearest the ureter

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Plate 2.

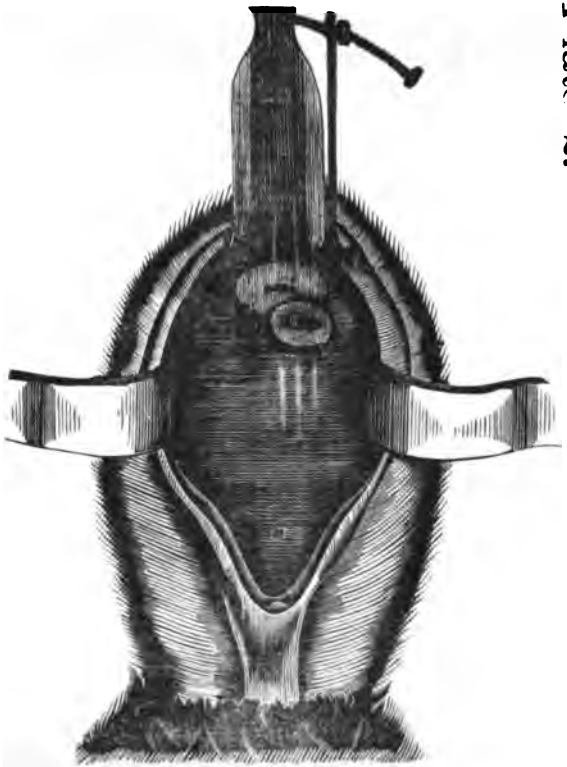

Fig. 1

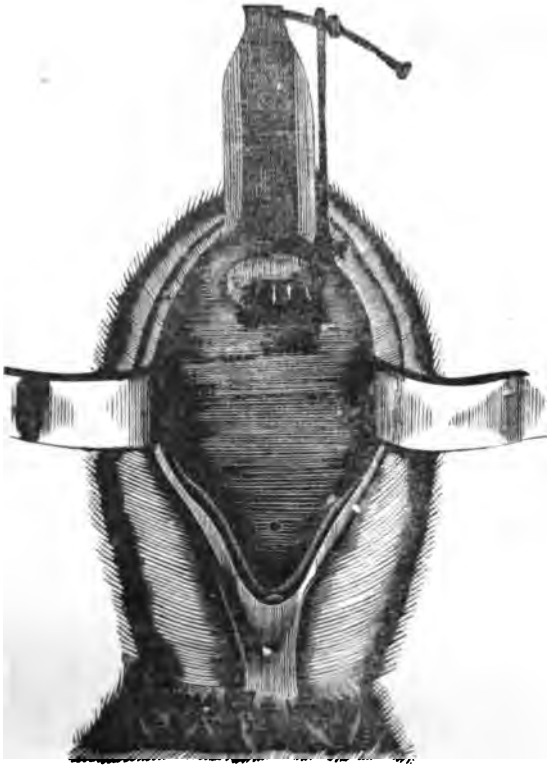

Fig. 2.

Illustrating Dr. Parvin's case of uretero-vaginal fistula. *Western Journal of Medicine, October,* 1867.

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The stitches were [illegible] eighth day, and the [illegible] was [illegible] found [illegible] complete. In a most [illegible] letter [illegible] days since, I learn that Mrs. [illegible] well, and rejoiced at the removal of the painful and [illegible] she had suffered for more than fifteen years.

A word or two in conclusion. No [illegible] the ana- [illegible] relations between the ureters and [illegible] own [illegible] the illustration from Dubois, found [illegible] ility [illegible] such a lesion [illegible] one after [illegible] the [illegible]

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[illegible] per- [illegible] such; [illegible] and the [illegible] is [illegible] hap- [illegible] Stover, [illegible] who states [illegible] had such origin.

I believe [illegible] e- [illegible] *the first* [illegible] *ginal* [illegible] d [illegible] there should [illegible] eighth [illegible] in the [illegible] excellent [illegible]

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Pla

Fig. 2

Fig. 1

Illustrating Dr. Farwell's case of vesicovaginal fistula. *Western Journal of Medicine, October, 1867.*

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was passed very superficially as to the inferior denuded surface—barely beneath it—so as to escape the possibility of obstructing the vesical outlet for the urine. The second figure of Plate II, represents the appearance after the parts were brought in apposition, and the wires were twisted.

There was nothing special in the after-treatment requiring notice, save that the vesical pain and tenderness from which the patient suffered for the first few days, I found best relieved by washing out the bladder twice in the twenty-four hours, with warm water and laudanum.

The stitches were removed on the eighth day, and the cure was found o be complete. In a most grateful letter received from her husb: few days since, I learn that Mrs. R. continues perfectly well, and rejoiced at the removal of the painful and disagreeable infirmity from which she had suffered for more than fifteen years.

A word or two in conclusion. No one can doubt, considering the anatomical relations between the ureters and the vagina, especially as shown by the illustration from Dubois, found on a previous page, the possibility of such a lesion as we have described occurring. Nor would any one after a careful investigation of our case, a thorough examination of the fistula, for a moment doubt the fact of its occurrence.

The existence of a uretero-uterine fistula has more than once been established, not only by symptoms observed during life, but also by actual *post mortem* examination. Now the antecedent improbability, the anatomical difficulty, is no greater of a uretero-vaginal than of a uretero-uterine fistula: in each instance the natural outlet of a portion of the urine is closed, and it finds a new route to the exterior. In the case which we have reported, the urine traversed its abnormal channel for a certain distance in the vesico-vaginal septum before emptying into the vagina, just as in some cases of uretero-uterine fistula, a direct and immediate perforation into the uterine cavity has not been made.

As to the instances of uretero-vaginal fistula resulting from badly performed operations for vesico-vaginal fistulæ, I have never met with such; but that they might occur in this way, can be readily conceived, and the statement of Dr. Savage, *op. cit.* is distinct as to their having thus happened: my friend, Prof. H. R. Storer, in a recent letter to me, also states that the only examples of this kind he has ever known, had such origin.

I believe that, as stated in the first part of this paper, there is here recorded *the first case of uretero-vaginal fistula as a primary lesion;* and that there should be added an eighth variety of genito-urinary fistulæ occurring in the female, to the excellent classification given by Da Costa Duarte.

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Case of Spontaneous Evolution. By JOHN LEWIS, M. D., Ogden, Ind.

I was called to see A—— M——, an unmarried female about twenty-two years of age, and in her second labor, at 8 o'clock, P. M., September 4th, 1865.

About two years previously she had been delivered of twins, one being born naturally while the other, still-born, was brought to light by two physicians with a "pot-hook," which, during traction, slipped and probably caused a vesico-vaginal fistula.

The patient had a severe chill two days previous to my first visit, and another the day following. I found her in bed, countenance indicating severe pain, skin hot and feverish, bowels constipated. Labor pains had been in progress for several hours; os uteri dilated to the size of a dime, but firm and unyielding. Administered a cathartic, quinine and morphine.

Sept. 5th. Patient vomited almost incessantly since my last visit, ejecting a large amount of greenish colored fluid; uterine efforts ceased before midnight; had another chill this morning. Treatment of preceding day continued.

Sept. 6th. Saw patient at 2 o'clock, A. M. Strong uterine pains commenced during the night. Vaginal examination discovered the left shoulder and side of the fœtus forced down into the pelvic cavity; the face towards the sacrum of the mother; the head over, and the shoulder under the right ramus of the pubis; the os uteri beyond reach; external genitalia well relaxed. In about one hour the back of the fœtus began to present at the pelvic outlet, and the shoulder to pass upwards above the pubis. Four hours afterward, the head and shoulder had receded so far as to allow the breech to sweep the sacrum of the mother. At 7 A. M., labor terminated in the delivery of a dead and decomposing child of ordinary size. Owing to the entire absence of the umbilical cord, by which to guide my efforts, there was some difficulty in removing the placenta which was undergoing disintegration. The uterus contracted well.

Sept. 7th. Lochia, very dark colored and offensive in odor. Patient has been feverish since delivery, but rested comfortably during the night.

Sept. 11th. Convalescence progressing rapidly. Some tumefacation of breasts, and pain along the course of the right sciatic nerve; these, however, yielded to proper remedies, and recovery soon took place.

Dr. Denman was the first to give "to this peculiar change of position, effected by nature, the term of Spontaneous Evolution;" his idea was that labor terminated as in breech presentation. This idea was for some

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time considered the true one, by the profession, until Dr. Douglass, of Dublin, in a pamphlet published in 1811, controverted it, and maintained that the head and shoulders did not pass up into the pelvis, but that the fœtus passed double.

Dr. Douglass' explanation, since its publication, has been received by most writers on obstetrics.

In the case above detailed, the fœtus certainly passed in the manner described by Dr. Denman.

Disturbance of Nervous Balance in Disease.

Indications of loss of balance between the centres of nervous force are constantly before us in disease. In fact, in a very strict sense, every active and sudden phenomenon of disease which we recognize is the result of this disturbance. Hence the reason why mental impressions influence so easily morbid changes of function for good or for evil. Cases of drunkenness from alcohol afford in various stages varying phenomena, all of which depend on varying degrees of disturbance in the function of the centres of force. As a rule, alcohol first influences those centres which govern the voluntary muscles; in time, the poison being continued, the centres of thought or sensation become influenced, and sensibility begins to fail; last of all, the centres of involuntary motion come under the spell. Again, during recovery from the intoxication, those centres which were first affected continue affected longest, the centres of thought and reason and sensibility becoming once more active while yet the centres of motion are in abeyance, and fail to obey the volition. Indeed, in the process of intoxication, where all the nervous centres are bathed in poison, so strikingly is the disturbance of balance manifested, that we can, for a time, gauge and measure a man by his acts and words. Those centres of his nervous organism which are most feeble succumbing first, the more active are left uncontrolled, and proclaim their preponderating power. The sentimentalist weeps, the ruffian shows fight, the man of memory grows yarny, the wit outdoes himself, the funny man laughs, the singer sings, the angry man grows furious, and the cunning rat gives you a rat's face that Landseer might study. Each man, in short, works his one big centre until it at last either succumbs with the rest, or the rest sober up to it. *In vino veritas*—Ah, truly! and translated physiologically it means that the strongest nervous centre is going full swing when all its balancing centres are under the table. The wineglass itself is not more transparent than the man who has emptied it too often at one poisoning.

Some forms of insanity partake in like manner of simple disturbance of balance. This is especially the fact in monomania, which may either depend on exalted function of one centre, or depressed function of those centres which should balance the one.

In cases of pressure on the brain or spinal cord we get also signal instances of disturbed balance of nervous power. As when we froze the cerebrum of the pigeon we laid it unconscious, destroying its volitional

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power, and leaving its involuntary centres unaffected, so in some accidents causing general pressure (pressure is virtually the same in action as cold), the human subject has been laid low with the consciousness and volition lost, but the involuntary force unchanged. In other cases where we have a partial pressure we discern a more distinct irregularity of function, precisely as in the birds when the freezing is localised. I knew a case in which a man tried to hang himself, but was cut down before he was dead. As he was liberated, quite unconsciously, he rushed madly forwards and fell; he lived three days, and after death I found extensive effusion in the ventricles and the most intense congestion of the cerebrum, the cerebellum being scarcely affected. That rush forward was from the action of the cerebellum—action uncontrolled. In one of my hospital journeyings a man was shown to me who, from disease, had lost portions of the bones of the cranium at the upper part, so that the cerebrum was covered only by skin, and the pulsations of its vessels could be felt. This man could bear slight pressure on the exposed part, but when the pressure was increased he at once became giddy, with an uncontrollable tendency to precipitate himself forwards. I noted this at the time as a simple fact, thinking nothing then of the light that experiment would throw over these forms of disease.

We might linger long on these disturbances of nervous power, as they are exhibited at the bedside, but I must confine myself on this occasion to one or two further notes, and these general.

1. I would point out that in diagnosing the seat of injury or disease in cases of disturbed balance, the prominent or presenting symptoms should not be taken as of necessity indicating primary disease of the centre through which the symptoms are demonstrated, but sometimes of a centre which may be remote—that is to say, a balancing centre. For example, involuntary convulsive movements, apparently spinal, and compatible with the hypothesis of increment of force in the cord, may, in fact, be due to mere decrement of controlling force in the cerebrum, as in convulsion from pressure on the cerebrum, from deficient cerebral organization, or from cerebral degeneration; or symptoms of deficient volitional power, apparently cerebral, and which are compatible with the hypothesis of decrement of force in the cerebrum, may be due to decrement of force in the spinal cord. Thus in my former lecture I explained that, on suddenly removing force from the cord by extreme cold, symptoms even of stupor were made manifest. In dealing with diseases of the nervous centres and in the careful diagnosis of these diseases, I know of no point of practice that is more important than this relation of balance between one centre and another, and the relative increment of force in one centre by the loss in another centre that sustains the balance during periods of healthy action.

2. If we forget this relative balance of power and destruction of balance by failure of one part, we may mistake often active symptoms arising from passivity of one organ and relative activity of another for actual increased activity of an organ that is quite natural. I believe this mistake is frequently made, and that it leads to bad results in practice—leads to the adoption of depressing treatment when the body should be most carefully sustained.

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3. In some extreme cases, where for long periods of time the nervous centres have been exposed to the continued action of a destroying agency—the agency of alcohol, for example—groups of centres of power, centres which balance each other, give way altogether, or so nearly together that disturbance of balance of function is seen but for a short interval, or is not seen at all. Cases of general paralysis and dementia, cases which so largely occupy our asylums for the insane, are of this class.

Lastly, on this question of balance, I would point out what seems to me the fact, that the balance between two centres may suddenly be broken in moments of quick vehemency of action of one centre. The madness of rage, in which the cerebral reasoning centres become temporarily paralyzed by over-action, leaving the propulsive cerebellum to free and uncontrolled impulse, is a case of this kind in its temporary form and development. But the event may be more than temporary; the brief arrest of function, especially if it has been often repeated, will, in some instances, be attended with physical change of structure and loss of molecular capacity for the reception of force; and then, the balance of centre permanently broken, the phenomena which we call mental cease to be orderly; predominating impulses, or desires, or resolves, not, perchance, before known, because held previously in check, prevail; then the mind is unhinged, as the common saying expressively describes the pure physical truth, and then it is often ignorantly wondered how the sufferer, who once showed none of the tendencies he now shows, could have suppressed such tendencies so long or so artfully.

I believe that the physical meaning of morbid impulse is, in every case, a broken balance of nervous centre; the sudden exhibition of uncontrolled force of an organ previously held in even action by another centre; a centre up to a given moment active, at a given moment dead.

The nervous organism, in short, may die in parts, and one centre or more may be dead to the reception of force, while the rest of the body, volitional and vegetative, lives, in mental constitution a changed body. In old age, this progressive change naturally envelopes all the volitional centres, which truly die, while the vegetative remain. And conversely, sometimes in the heydey of youth we see the mere vegetative centres die only, and thereupon—so dependent is the higher upon the lower life—all the centres of thought and volition share in the catastrophe; sudden and general silence and inertia communicating to the looker-on the phenomena which he summarises in one word—*death.—From Dr. B. W. Richardson's Lectures on Experimental and Practical Medicine, Times and Gazette, London, August* 31st.

Opium in Therapeutics.

The practice of physicians in America and in Great Britain, if not elsewhere, has changed very much in regard to the use of opium in fevers and some other forms of disease, within the last twenty or thirty years. Some remarks of Dr. Allbutt on this subject, in *Ranking's Abstract*, referring to the use of this remedy in the Leeds (Eng.) Fever Hospital, so entirely accord with the results of our own

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experience, that we take the liberty of commending them to such of our readers as may still entertain something of the old prejudice: "One year ago," says Dr. Allbutt, "I looked upon opium in fever with much suspicion, granting its occasional value alone, and greatly restricted its use. Gradually my fear of the restlessness overpowered my fear of the opium, and I have now ceased to regard the latter with any great apprehension. Continually I have witnessed the terrible havoc which a night's tossing makes in a little reserve of strength. Two such nights reduce it to a most precarious level, and few patients outlive three. On the other hand, though I and my assistants have been for six months giving morphia at all stages of the fever to combat sleeplessness, I have never yet seen mischief result. I have never seen the power of taking food suspended by it, or the oppression increased. On the contrary, I have continually seen with pleasure how, on the morning after opium has brought sleep, even during the first few days of the disease, the tongue has become moister, the headache less, and the countenance more open. The sleep of an opiate is better than no sleep. Camphor is also a great favorite of ours. We find, on the whole, that no medicine equals it in the low delirium often connected with feeble heart. We combine it with opium in low delirium accompanied with sleeplessness. Perhaps, however, the most striking in its immediate effects, of all the medicines which we have used, is that which we familiarly call *Graves' Medicine.* The combination of antimony and opium in the wild delirium of fever is advised by Graves in a well known passage of the *Clinical Medicine*, and a marvelous one it is. Half a grain of morphia, with one-third or half a grain of tartar emetic, with repetition of half ihe dose if necessary, will bring quietness and sleep to a patient who, an hour or two before was a raging maniac." We do not exactly agree with Dr. A. that the power of taking food is never suspended by the remedy. But this is a small matter. The distinction between grades of delirium is important, the combination with camphor being adapted to the low form, and the antimony to the wild and sthenic form.—*Pacific Medical and Surgical Journal.*

Dr. Sims in Paris.

Mr. Sampson Gamgee, one of the ablest of British surgeons, and who is now visiting the French capital, is contributing to the LANCET a series of articles entitled "THE PRESENT STATE OF SURGERY IN PARIS." From the number found in the LANCET of September 7th, we find this reference to our justly eminent countryman, Dr. Marion Sims:

While on specialties, and before entering upon general surgery, I may relate the proceedings at a *séance* in the theatre of the Hôpital Beaujon (August 30th), when Dr. Marion Sims gave a demonstration of his methods, at the invitation of M. Richard. Among the large number present were Dr. Hingston, surgeon to the Hôtel Dieu, Montreal; Professor Pope, of St. Louis, U. S.; and Dr. Mazzoni, of Rome. Among the patients examined were several who had been operated on by Dr.

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Richard, to use Dr. Sims' expression, with the most perfect result. No case for actual operation presented itself that morning, but nevertheless the skillful manipulation was a most instrnctive one; and I beg to thank Dr. Marion Sims for the patience, candour, and courtesy with which he answered all my questions.

For all examinations and operations on the vagina and uterus Dr. Sims uses the duck-bill speculum, and no other. He dislikes sunlight, and prefers light entering from one window directly at his back, to light entering the room from different quarters. The previous evacuation of the rectum greatly facilitates the use of the speculum. A table about four feet long, covered with a blanket, is preferable to a bed or couch for the patient to lie upon. The position is on the left side, body diagonally to the table, so that the buttock rests on the left of the angle next to the operator and the window. The spine straight with the head, which may be raised very slightly if more agreeable; not so the shoulders, for the chest must lie prone, and as flat as possible on the table; neither of the arms under the chest, but well apart. The thighs to be bent at right angles to the trunk; legs at similar angle, an assistant raising the feet slightly. For this purpose a small table, a little higher than the one on which the patient lies, is handy to rest the legs upon. It is convenient to flex the right thigh a little more than the left, so as to bring the right heel just in front of the left ankle. In this position the epigastrium is on a lower level than the pelvis; and great importance is attached to the waist being free from all constriction, so that the abdominal viscera may gravitate freely forwards and downwards, and allow of the entrance of air into the vagina when the speculum is introduced. As already observed, this position is the invariable one for all inspections and operations. But one exception is made. When the patient has cancer of the womb, in order to avoid hemorrhage or other accident from striking the cervix with the speculum, this is introduced while the patient is on her knees on a table, the chest prone and the back concave.

Before using the speculum, Dr. Marion Sims invariably ascertains the size, position and direction of the womb; and he does this, while the patient lies on her back, by left digital examination, palpation with the right hand above pubes serving to bring the uterus well within reach.

Whenever he introduces anything into the uterus, be it a sound or a tent, a syringe or a knife, he fixes the cervix with a tenaculum, after introducing the speculum, and is thereby enabled to ensure steadiness, and, when necessary, to draw down the neck of the womb into the vagina, and so direct it as at once to see into it. It is only when he so fixes and sees it clearly that he divides the cervix, thus making it an accurately surgical operation, and not merely a mechanical one. In operating for fistula, he always fixes the vaginal wall with a tenaculum before paring it or passing sutures.

Dr. Sims does not share the opinion of French surgeons that the climatic and general conditions of Paris are unfavorable to the healing of wounds. I have much pleasure in adding that, in examining the series of patients so liberally placed at his disposal by Dr. Richard, Dr. Marion Sims was no less skillful in his manipulations than he was careful for the feelings, mental as well as physical, of the poor women.

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The Physiology and Pathology of the Mind. By HENRY MAUDSLEY, M. D., Lond., Physician to the West London Hospital; Honorary Member of the Medico-Psychological Society of Paris: Formerly Resident Physician of the Manchester Royal Lunatic Hospital, etc. New York: D. Appleton & Company, 443 & 445 Broadway, 1867.

The modern press has given no book to the public better calculated to attract attention and beget inquiry and discussion, than that the title of which is placed at the head of this article. If its doctrines shall finally be accepted by the philosophical world, a reconstruction of metaphysical science upon an entirely new basis will become inevitable.

The author avows in his preface that his object in writing has been two-fold: "first, to treat of mental phenomena from a physiological rather than from a metaphysical point of view; and, secondly, to bring the manifold instructive instances presented by the unsound mind to bear upon the interpretation of the obscure problems of mental science;" and this object he pursues throughout the entire treatise. He denies the adequacy of the method of interrogating self-consciousness, as the means of establishing a sound philosophy of the mind; and maintains that physiology alone can lead us to such a philosophy. His system may be regarded as the consummation of the development hypothesis. Mental phenomena result from organization, and rise in degree as that increases in perfection—sense, reflection, will, etc., being each the product of a certain order and arrangement of cells in the brain, and ceasing whenever these cells are deranged in their conditions, or destroyed. Thus, the conscious ego becomes a mere phenomenon of material organization; and, it would seem must perish with the organic structure through which it is made manifest. In the language of the author, mind "viewed in a scientific sense, as a natural force, can not be observed and handled, and dealt with as a palpable object; like electricity, or gravity, or any of the natural forces, it is appreciable only in the changes of matter, which are the conditions of its manifestations."

It is not possible, however, for us to give even an analysis of the contents of the volume; for it is so closely and severely reasoned, that its dimensions can scarcely be diminished without the loss of important matter, which leaves us incapable of comprehending what is left. It is divided into two parts, the first of which embraces the physiology of the

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mind; and the second, its pathology. The Physiology is embraced in nine chapters, headed as follows: "On the Method of the Study Mind;" "The Mind and the Nervous System;" "The Spinal Chord and Reflex Action; "The Sensory Centers and Sensation;" "The Supreme Cerebral Centers and Ideation;" "On Emotion;" "On Volition;" "On Actuation;" "On Memory and Imagination." The second part, or Pathology of the Mind, is set forth under the following heads: "On the Causes of Insanity;" "On the Insanity of Early Life;" "The Varieties of Insanity;" "The Pathology of Insanity;" "The Diagnosis of Insanity," "The Prognosis of Insanity;" and "The Treatment of Insanity." Under these heads the whole subject is clearly and ably treated; and while we are not prepared to accept the author's extreme views, of the dependence of the mind upon organization as its cause, we can not too highly recommend the book to the profession as one well calculated to awaken inquiry; and lead to sounder views of healthy and diseased mental action than are generally entertained.

The book is magnificently printed, in fine large type, on heavy tinted paper; and is every way worthy of a place in every library. J. W. G.

Injuries of the Eye, Orbit and Eyelids; their Immediate and Remote Effects. By GEORGE LAWSON, F. R. C. S. Eng.; Henry C. Lea, Publisher, Philadelphia. For sale by Robert Clarke & Co., Cin. Ohio. *Will be sent prepaid on receipt of* $3 50.

This illustrated monograph of 408 pages fills a vacuum in Ophthalmic Surgery. Injuries of the eye are of frequent occurrence and every physician should know the latest and best methods of dealing with them. In this volume such information is to be had. In case of a foreign body being lodged in the eye, the physician should know how to extract it, inflicting the least possible amount of injury; and it is all important that it be done as early as practicable after receipt of the injury, as delay renders the operation difficult and often entails irremediable consequences.

The author's style is excellent; clear, concise and definite. We can not too highly commend it to the notice of the profession.

The binding is in the latest and most approved style; the illustrations are good, and the whole volume executed in the best possible manner. J. A. C.

On the Management of Labor in Contracted Pelvis. By Wm. H. Jones, Doctor of the Faculty of Med. of Paris, and member of the Royal College of Surgeons of England. London: 1867. 8vo. pp. 59.

This little work is a translation of its author's thesis written for the Faculty of Medicine of Paris, and contains his experience in labors with

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contracted pelvis, observed during eight years' hospital practice in the French capital, three of which were passed at the hospital of *La Clinique d'Accouchement.* It is written especially to advocate the English plan of version in dystocia of this character, and the French operation of cephalotripsy, each, of course, in appropriate cases; the author believing that each nation fails to avail itself of the experience and favorite operation of the other. The work contains tables and particulars of fifty-one cases of difficult labor from contracted pelvis, and we can confidently recommend it as a valuable contribution to practical midwifery. R.

Self-Abuse in Women. Letter from M.

AUGUST 22, 1867.

EDITOR WESTERN JOURNAL OF MEDICINE:—I was highly gratified with the excellent and much needed observations of Professor Storer, on "Self Abuse in Women," published in the August number of your Journal.

I do not believe that the extent and ravages of this evil begin to be fully apprehended. The habit is so disgusting, as a voluntary exhibition of salacity, that to entertain an idea of its wide prevalence, without proof, appears to be simply monstrous. But this sentiment checks inquiry, and itself defeats the acquisition of proper knowledge, by superadding to a sense of delicacy the terrors of misconception and offence. Nor are the latter altogether unfounded. In one case, I myself encountered the unappeasable indignation of an unmarried patient, aged about twenty, and through her the subsequent contempt, ill-will, and active opposition, of several of her family relatives, who up to that time had employed me. Here the "accusation" was certainly not gratuitous, for beyond question the girl was guilty; that her obstinate, complex, and otherwise inexplicable derangements were caused by self-abuse, no intelligent physician could have doubted. She still lives, but notwithstanding constant perseverance in different plans of treatment, has received no benefit; nor, in my judgment, will she. The fact is, the *causa morbi* is no doubt, to-day, in undisturbed and active operation. What avail, then, to fight its symptoms? In this case no duty could be plainer or more imperative, and yet a most circumspect and delicate attempt to discharge it was met with the questionable hospitality I have just stated.

I admit, in the instance cited, that that "delicacy and refinement" which, as a condition precedent to truthful disclosures, Prof. Storer takes

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for granted, were not at all prominent. There was, moreover, a peevishness of temper, and slight feebleness of mind, which, perhaps, entailing a partial inability to appreciate the motives, and to comprehend fully the pertinence and value of such an inquiry, were not favorable to its candid and kindly reception. But the storm evoked was well calculated to induce a wholesome caution.

And now to the main purpose for which I write. In my opinion, a universal and intelligent conviction of the magnitude, and wretched consequences, of the evil can alone abate it. But this cannot be accomplished by the personal expostulation of medical practitioners of ordinary grade. It is insuperably difficult, without high authority, to convince a parent who is not herself contaminated, that her daughter can be guilty of such a thing. To do this requires the weight and influence of the known, and recognized, and authoritative medical teachers of our land. To these, even, much of the unsuspecting incredulity will yield a slow belief. But a determined effort by such men should be made. Until then I believe that the general practitioner who ventures on that ground will be usually met by the non-addicted but uninformed, with an imputation of gratuitous insult; and possibly of violating the sanctities of professional confidence to gratify the suggestions of a vulgar and prurient mind. As to the unhappy subjects of self-abuse the case is worse. Neither will the voluptuary abandon the habit until penetrated with its moral turpitude, and convinced of its destructiveness to health; nor will the unconscious but helpless victims of morbid irritation confess the fact, while ignorantly condemning their supposed infamy and secretly bewailing their abandonment to what they regard as a voluntary but ruinous and loathsome vice.

Let us away, then, with prudery, finical ideas and false modesty, and educate the people in this matter to the proper point. Youthful constitutions will not then give way under a fascinating indulgence, in which no mischief is known to lurk; disease will not then be misinterpreted and concealed as a crime; nor, from any properly conducted investigation of their own or another's case, will women, however acute their sensibilities, recoil. In short, the path will be made easy, and difficulties put away. Neither by patient, or parents, or friends, will the physician or his inquiries, in any contingency, be misconstrued; while on the other hand, an intelligent understanding will obviate the apprehension of cruel and undeserved contempt, and of ignorant and unjust persecution on the other.

If these things, then, are so, and if, indeed the sexual function is being daily and ignorantly perverted—whether voluntarily or through disease—to the destruction of moral, mental and bodily health, it is more

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and worse than a futile evasion to ignore it—it is an inexcusable and wanton crime.

For this reason I join in the wish that something may be published which can "with perfect propriety" be circulated at large, and so cheap, even, as to make its gratuitous distribution by physicians and others attainable to all. I have no doubt "that all good men would back it," nor that the effort, when understood, would find a strong ally in the approbation and aid of intelligent women, and of the Clergy and the Church. Such a circulation of a short monograph, popular in style, and bearing the sanction of a proper name, would do incalculable good. Even the brief contribution of Prof. Storer to your Journal, if placed in the hands of one with whom an early allusion to the subject was intended, would do much to interpret the physicians' duty, to acquaint the patient with the true nature,propriety, and importance of the inquiry involved, and to insure for it the consideration of a tranquil and candid mind.

Will not Prof. Storer, or some one at his suggestion, undertake the work? M.

Cerebral Taches.—Cerebral spots or markings, a symptom first noticed by Trousseau as, if not pathognononic, yet strongly indicative of tubercular meningitis. If the finger nail or the point of a pencil be drawn, in three or four parallel lines, over the skin of the abdomen or thigh of a healthy person or one affected with the ordinary diseases, either no result follows, or faint red lines quickly show themselves and quickly disappear. In tubercular meningitis deep red lines follow the irriattion, and are remarkable not only for their depth of color, but also for their persistence. The same symptom may be observed in one or two other diseases, as the exóphthalmic cachexia, but it is *par excellence* a symptom of meningitis. It is regarded by Trousseau as due to asthenia of the vaso-motor branches of the sympathetic.—*Dr. Henry M. Tuckwell.*

M. Guérin on Animal Vaccination.—(Partly as an answer to a correspondent, we publish the following from the *Times and Gazette*: further information in reference to the matter he will find in various numbers of the *Gazette Medicale* for the present year. T. P.)

M. Guérin, in opening the discussion on M. Depaul's report to the Acdemy of Medicine on the results obtained from "animal vaccination," protested against the exclusive attention which has been paid to this new mode in Paris during the last two years, instead of a faithful comparison having been instituted between it and the old mode. To this latter it has been objected that the virus obtained by "human vaccination" has degenerated in power, and that it has often been contaminated by syphilitic poison; and before rejecting a procedure so long successful it is requisite to inquire into the reality of these objections against it. It is indeed a fact now generally admitted that vaccination has lost some of its preservative power, and M. Bousquet himself, who so long denied this state-

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ment, now admits it. But two questions call here for examination—Is such degeneration general and absolute, and observable in all countries and regions? and may not a greater virulence of the variolous epidemics have something to do with the relative insufficiency of vaccination. These points want examining, for many Practitioners totally deny the diminution of the efficacy of vaccination in their localities, and there is reason, both from experience and analogy, to suppose that the intensity of variola may vary much in different epidemics. There is a necessity also of making a more careful selection of the virus to operate with, for a defective virus is often employed, and unsatisfactory results follow, especially when such defective virus is propagated from child to child in succession. The selection, propagation, and maintenance of the finest virus—a true "vaccine culture"—ought to be the object of those having authority in the matter. As to "vaccinal syphilis," M. Guérin believes that in very rare instances it may exist; but many of the narratives which have been published of late are wholly destitute of proof, and the liability of such transmissions have doubtless been grossly exaggerated. In numerous instances in which the vaccine virus has been taken from subjects exhibiting symptoms of syphilis, no transmission of the disease has occurred.

There is no case made out for a radical reform in the practice of vaccination, and this "animal vaccination," introduced by a young physician from Naples, has been received far too readily as an improvement; for in point of fact it is a mere assertion that it protects from variola as well as the ordinary vaccination. While the virus employed in the latter originated in spontaneous cow-pock, that used in animal vaccination is derived from an artificial cow-pock; and all must admit that a spontaneous agent has a more powerful action than an artificial one. The vaccine virus also, transmitted through successive generations, may acquire peculiar and important properties, while animal vaccination is a much more special and limited affair, the heifer being resorted to afresh in each case. Even comparing the appearances produced by the two viruses, as stated in the report, it is found that those produced by human vaccination are more regular, and more durable and more energetic. In fact, as far as we are acquainted with the results of the employment of this virus, M. Guérin regards it as illusory and a mere Utopia. He quotes the adverse opinions of many Hospital and private practitioners who have found it decidedly less efficacious in vaccinating and revaccinating, to say nothing of its preservative effects, which time alone can demonstrate.

Reply to Prof. Hamilton.

EDITOR WESTERN JOURNAL OF MEDICINE:—SIR: As Professor Hamilton began his communication in the August number of your Journal, by endorsing my *status* as a gentleman, I suppose courtesy would require me to return the compliment, but inasmuch as his claim to the consideration of a gentleman has never been disputed, an endorsement from any quarter would seem superfluous. If he will permit me to remain his

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debtor until the next meeting of the Ohio Medical Society, I will then endeavor to cancel the obligation.

To my great surprise, the Professor's last letter has removed all ground of conflict between us. He says the question he has been discussing, is not whether 80 per cent. of the candidates examined by the State Army Board were rejected for incompetency, but whether this number stood rejected at the close of the war! He pretends that this is the issue as he understood it; if so, it is a great pity his last letter was not written first, for in that event, much precious time would have been saved, and the public would have been spared the humiliating spectacle of two members of an honorable profession wrangling for months over a simple question of fact.

The fault is due to the Professor's style of composition. He evidently belong to a class of medical men who deem it derogatory to their wisdom to speak plainly and intelligibly on any subject. You can never get a direct and explicit answer from these gentlemen; their heads are always in a cloud; they speak in parables; they revel in ambiguity; they are profound, mysterious, impenetrable and infallible. If called to a patient in the early stage of sickness, they avoid a positive diagnosis, but may give an opinion which is so skillfully framed and guarded, that when the true nature of the disease is patent, they can demonstrate to the friends that it turned out just as they had predicted.

But the Professor has another peculiarity of style which is rarely witnessed. He has the faculty of expressing himself in such a manner that his readers understand him to mean one thing, when he really intends a totally different meaning. Your readers doubtless, all believed that in this controversy Prof. H. was endeavoring to prove me in error respecting the number of candidates rejected by the Army Board during the war, but he avers this was not his object. He is like a man who squints badly you can not tell from his *expression* what he is aiming at.

In fact, this peculiarity amounts to an intellectual strabismus, and if I had been as discreet as a stranger who recently dropped into the slaughter-house of a cross-eyed butcher, I might have nipped our discussion in the bud. The butcher had raised his ponderous sledge, and was on the point of launching a fatal blow on the head of an ox, when the bystander nervously exclaimed, "Hold, sir! do you mean to strike where you are looking? If you do, I will get out of the way."

Had I been aware of the Professor's strabismus, I would have "stood from under." I imagined that he was aiming to prove that less than 80 per cent. of the regular graduates failed to pass the Army Board, but his

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"mind's eye" was bent on a different object. He assures us that the purpose and aim of his labor, from the first, has been to demonstrate that 80 per cent. of the candidates did not *stand rejected at the close of the war!* I think he has accomplished his task, and I should not wonder if the achievement would recall to the minds of his collegiate brethren, the ridiculous old story of the mountain in labor.

Can it be believed that this issue and this alone, was before the Professor's mind when he assailed my Report. Most assuredly not. A brief review of his first article will satisfy any candid person that he took direct issue with my Report in regard to the examination of the Board. My Report contained no allusion, in any shape or form, to the number that "stood rejected at the close of the war," and his attempt now to force this construction on my language is a most unwarrantable liberty. He is not content with affirming his understanding of the issue, but he insists that my language is not susceptible of any other interpretation, and even goes so far as to assert that I intended to convey this meaning. I regret the Doctor allowed himself to make this assertion, for it imposes on me the painful necessity of a direct contradiction. The idea of stating the number of candidates who stood rejected at the end of the war, never entered into my head.

That the injustice and recklessness of the Professor's statement may be apparent, I will now quote my language, as it stands related in the Report, and I invite attention to the context, which indicates a very different *animus* from what the Doctor is pleased to attribute to me.

"Although the Annual Reports of this Department have heretofore been confined to subjects of a strictly military character, there does not appear to be any thing in the nature of the office imposing this restriction; I shall therefore take the liberty of inviting the attention of your Excellency to some matters of vital importance to the health and welfare of the State; and first to the great injury inflicted on society by the license given to ignorant and unworthy men to engage in the practice of medicine. There is no doubt that hundreds of human lives are annually sacrificed in our own State, by the malpractice of this class of doctors. The evil is incalculable and increasing, and as it can only be remedied by legislative interposition, I would earnestly recommend the passage of an act to establish a State Board of Medical Examiners, similar in character to the late Army Medical Examining Board.

The eminence accorded to Ohio surgeons for skill and fidelity in the late war was not due to any merit in our system of medical education, but to the faithfulness of the Examing Board.

The gentlemen composing this Board were distinguished for integrity, patriotism and professional ability. Animated by an earnest zeal for the efficiency of the service, they recommended for appointment only those

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who possessed the necessary qualifications. *None but graduates of regular medical schools were admitted to examination, and yet over eighty per cent. of these were rejected for incompetence.* The ignorance betrayed by many of these candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity.

If it was the duty of the State, as all concede, to provide competent physicians for the soldiers, it is no less a duty to make similar provision for the citizens; and yet these rejected candidates, with hundreds of others equally incompetent, are now scattered over the State, pursuing their fatal trade with criminal recklessness."

The foregoing is a correct copy of that portion of my Report which contains the obnoxious paragraph. I think no one will say that it is either obscure or ambiguous. Does the reader discover in it any reference to the "final action" of the Board, or to the number who "stood rejected at the close of the war"? Does the language plainly import, that, of the candidates admitted to examination, over 80 per cent. were rejected for incompetency, or does it mean that this per centage" stood rejected at the close of the war? In other words, does my Report mean what it says, or does it mean what Prof. Hamilton, in a moment of moral insanity would force it to mean?

If any doubt still exists on this point, let my language be tested by applying it in a different case.

Let us suppose that Dr. Hamilton's colleagues in Starling Medical Coltege should inform me that in the year 1861 they rejected 10 candidates for graduation on account of incompetency, that in 1862 they rejected 10 more, and that in 1863, 5 more were rejected.

Upon such authority I should not hesitate, if necessary, to state that, of the candidates admitted to examination at the above named college during the period referred to, 25 were rejected by the faculty for incompetency.

Prof. H., after taking a few months to reflect on the matter, would become indignant and pronunce the statement a "blunder" and a slander upon the *Medical profession.* He would demonstrate that not more than 5 candidates failed to receive a diploma. If, in justification of my statement, I referred to the information obtained from the college, he would insist that the issue was not how many "examinations" were unsuccessful, but how many of the candidates stood rejected at the date of my writing, and he would prove that all but 5 of these rejected gentlemen had been graduated prior to that date.

Who that read the Doctor's first letter can forget the triumphant air that characterized his entrance on this discussion. He informed us that he had been a member of the Examining Board—that he had been its

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Secretary—that he was sole possessor of the records by which he proposed to prove the inaccuracy of my report. He described with much minuteness how carefully each examination had been recorded—how securely the record had been sealed, and how faithfully it had been preserved. The state of preservation was pronounced "perfect." In fact, he seemed to have the impression that the record had been providentially saved from the natural decomposition and wreck of matter, for the express purpose of enabling this self constituted Attorney General of the quacks and sheepskin-dealers to defend his clients from the assaults of the Surgeon General.

(Your readers will please note that I have not said *sheepskin-stealers*, although, if I had half the mathematical *forte* of my worthy opponent, I might almost demonstrate the financial impossibility of certain medical schools paying an honest price for their sheepskins at the present low rate of their lecture fees.)

From the whole tone and spirit of the Professor's first letter it is perfectly evident that he designed to make the impression that he was opposing my statement by the record in his possession. In one place he exclaims "Now for the record," as if impatient at his own delay in exhibiting it, but before the seal is broken other explanations have to be made, and he finally loses himself in a mass of irrelevant detail. Up to this hour the contents of the record have never been divulged. Many "good men," after a cursory reading of the Doctor's first communication, actually supposed that the figures presented by him were taken from his official documents, but a second and more careful examination revealed the fact that he had adroitly substituted false assumptions and bad logic for the record.

It must be clear to every candid mind that Prof. Hamilton's first essay was a piece of consummate sophistry. Failing in that he now seeks an exit from his dilemma by seeking to change the issue.

Personally Dr. H. is no doubt an honorable gentleman—professionally I think he is a little foxy. Every man has his model—some of the world's greatest men have learned wisdom and derived inspiration by studying the habits and instincts of certain animals. History informs us that the celebrated ancient general, Pyrrhus, attributed his success in arms to a lesson taught him by the wild boar. That lesson was *always to protect his rear*. Pyrrhus observed that the boar, when hotly pressed by the hunters, invariably backed up against a rock or tree, and thus kept his pursuers at bay. Our learned Professor did not borrow his tactics from the wild boar, but from the cunning fox. He has shown himself an artful dodger, full of craft and quirks and quibbles. Permit me to refer to a

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few of the Professor's tricks in order to illustrate the foxy quality of his tactics.

He ignores the real issue made in my annual report, which issue is the low standard of medical education. My strictures on certain Medical Colleges, and my condemnation of quacks, he calls a "a crusade upon the profession." He is well aware that I never published a line or syllable derogatory to the Medical Profession, but by this misrepresentation he hopes to kindle a prejudice against me and at the same time divert attention from the shortcomings of the Colleges.

Again in proving that the State Board examined less men, by far, than the number assumed by Dr. H. as the basis of his mathematical demonstration, I stated that many contract doctors, and others serving as stewards, obtained medical commission in the field, without undergoing an examination *by the State Board.* In opposition to this the Doctor says "that during the existence of the first and second Boards, every such one was examined, without exception, and the law requiring examination previous to commissioning was so imperative that *we would not hesitate to guarantee* that the subsequent Boards required it without exception." Mark, he does not say or guarantee that every such one was examined *by the State Board.* That is the impression he designs to convey, but the foxy gentleman leaves himself a hole to creep out at. And he needs it for the record of approved candidates in the Surgeon General's office shows that many were commissioned who were not required to go before the State Board. They were examined in the field by Medical Directors and temporary Field Boards. I very well remember, while Medical Director at Gallatin, Tenn., to have myself organized a temporary Board of Examiners by authority of Governor Tod.

In my last letter I referred to the system of re-examinations practiced by the Board, to show that it was not impossible for it to have rejected 80 per cent. at each session, and to have approved 600 candidates during the war.

In reply the Doctor says "a greater or less number of these (the successful candidates) were approved on a *first, second,* or *perhaps rarely* a *third* examination." In his first communication (see page 257 of this Journal) he makes the following declaration in regard to the candidates: "*Many* of those who were not successful with the first and second, applied to subsequent Boards." We have often heard of Jupiter nodding, but it is "perhaps rarely" that we can catch a fox napping so soundly as the Professor must have been doing when he penned this flagrant contradiction.

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He attempts to be waggish over the mode in which the aggregate of Ohio medical officers is presented in my report, and he introduces his favorite fox to prove, by the wag of its tail, that my method is absurd.

It will probably surprise the Doctor to learn that my method is identical with that practiced by the Adjutant General of the army, and that it is the only method by which the strength of the army could be fairly represented. In the grand aggregate of the army, hundreds of men are counted four or five times. On one roll they count as private soldiers, on another as lieutenants, on another as captains, colonels, etc. The rule is to count a man, in the aggregate, as often as he is commissioned.

But I am trespassing on your valuable space, by dwelling on these illustrations of the Professor's tactics—such tactics belong to the demagogue and pettifogger, and should have no place in the discussions of professional men.

In conclusion permit me to express my regret that Dr. H. has not been able to tell us how many candidates were rejected by the Army State Board. If the number is less than I have represented, I wish the public to know it, and I will cheerfully correct my mistake. Whatever may have been the number rejected, we all know that there is need of reform, need that a higher standard of qualification be adopted by the Colleges.

At its meeting in May last, the National Medical Association proclaimed the urgent need of reform in our system of Medical Education by passing a resolution recommending all Colleges in the United States, to require of every student, applying for matriculation, evidence that he has a thorough knowledge of the common English branches of education, including first series of mathematics, elements of natural science and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession. Also, that the student shall study four full years, including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of M. D. Also, that the annual lecture term shall consist of not less than six months, and that no medical school shall have less than nine professors.

These recommendations were prepared by a committee of eminent medical teachers, one of whom in reporting the proceedings expressed in this Journal the hope "that the profession throughout the country would unite in demanding of the Colleges the great reform which by all is admitted to be so much needed."

If these recommendations are faithfully complied with, the science of Medicine will ere long assume its proper rank among the learned professions, and in the event of another war there would be no difficulty in

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finding competent surgeons for the service. A few months will test the devotion of the colleges to the interests of the profession and of humanity.

C. McDermont.

Dayton, September, 1867.

Food for Babies.—Happy is the babe who, born of robust parents, sucks its entire nourishment for some weeks from the balmy bosom of its mother! But forasmuch as many women can not suckle at all, and very few can do so entirely, or are justified in attempting it, some artificial food is necessary; and as no one kind of food will suit all babies, the young practitioner is wise who keeps a good long list at the tip of his tongue.

Let us say, though, that any milkless mother who has a delicate baby to bring up, will do well to secure for it what some would call the hireling bosom of a fallen woman, but what, in more charitable language, may be called the services of some stout young countrywoman who has been a little too much in a hurry, and has had her baby before her wedding ring. By this arrangement three lives are saved. The nurseling is saved from death by inanition; the wetnurse recovers her "character," and gets a fresh start in life; and she need not drown or starve her own baby.

But where a wetnurse is not thought necessary, or can not be had, we fall back upon animal milk, with or without vegetable preparations—whether of cereal grain or of separated starch, or of flour treated by malt to insure the conversion of the starch into sugar.

Of milk, we have that of the ass, goat and cow. Asses' milk is, by general consent, the best substitute for the woman's for most delicate children; and, dear as it is, it is well worth the money. The goat's is a rich milk with a strong curd, and only adapted for robust children. The milk of the cow is, of course, the staple. And whilst for general purposes it is quite right that milk should be brought from any distant part of the country, it must be confessed that a few cows should be kept in town in hot weather, that their milk may reach the baby part of the population fresh, unshaken, and just as yielded by the animal. But cows' milk is too rich in curd for the human baby, whose muscular movements are almost confined to breathing, crying, and the heart's action. So it must be thinned, and the simplest way is the common one of adding an equal part of water (the water being gradually diminished as the child grows older) and a small quantity of white sugar. It is a refinement to use the sugar of milk, instead of common cane sugar, but whether there is anything gained we never could satisfy ourselves.

The test of any kind of baby's food is found in the fact that the child thrives—that it is satisfied after its meals, not subject to pains in the stomach and flatulence, nor yet to fits of colic in the bowels—and that the residuum, which is generally produced on a napkin for inspection, does not show undigested food. All these things are self-evident. A child ought regularly to grow, to be plump, and to gain in weight every week, and if it do not, something is wrong. Secondly, the child ought to be satisfied and go to sleep after its food; but here the junior practitioner ought to be aware of one physiological fact—when a child is in pain in the abdominal organs, it often displays insatiable hunger, has a tendency

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to suck greedily, and this though the stomach and bowels may be loaded with undigested food. Ignorant nurses kill many a child by inattention to this point. The child cries after food; therefore they say the food is not good enough, "the milk does not satisfy," etc., and forthwith they give the child some half-solid pap, and dose the mother with over-rich food and alcohol. A purgative dose of oil is the best remedy when a baby is unreasonably hungry after food; castor oil is generally used, but any oil or soft fat will answer the purpose. The old custom of giving a bit of the fat of pig is founded on reason and experience. Lastly, the practical fact remains that no undigested food ought to be found in a baby's napkin. Any mother may be taught that lumps of curd and undigested starch can give the child no nourishment, but decompose in the bowels. and cause first pain, next diarrhœa. A healthy baby's napkin should not be offensive—of course, it has a faint peculiar odor, but certainly it does not stink, and if it do. either improper food has been given, or proper food has not been digested.

In other cases, in order to diminish the portion of curd, it is useful to give *cream* diluted with new milk and water; and, to prevent the curd of cows' milk from coalescing into hard lumps in the stomach and passing undigested, the milk may not only be diluted with water, but with effervescing soda-water (this is called artificial asses' milk) or potass-water or lime-water. Sometimes a very little of the solution of magnesia is added.

But this purpose (*i. e.*, the making the curd softer and more digestible) is generally effected by mixing it with cereal food or the starches. Theoretically speaking, we do not want the nitrogenous elements of the cereals, because the cow's milk contains enough of them. Hence arrowroot or sago may suffice, if it be understood that the child is to live upon the milk, and that these starchy elements are superadded to modify the milk, and not to be substitutes for it. Still, general experience is in favor of some cereal. Barley water, made from pearl barley, and mixed with an equal part of milk, is an admirable food for most children. Robinson's patent barley deserves praise. Oatmeal gruel and milk agrees with the robust. Brown and Polson's preparation of maize, and the maizena, seem favorite preparations. On the whole, however, wheat tends to displace the other cereals. The flour of wheat is often baked or boiled, and when so cooked is boiled afresh with water and milk. Or it is made into biscuits, of which Robb's, Lemann's, the Norwich knobs, "tops and bottoms," and rusks, are popular samples; or into a farinaceous food—that is, powder composed of wheat flour, or biscuit, with or without admixture of other cereals, and already acted on by heat, so as to require little or no cooking (Hard's, Neave's, etc., etc.).

This is the place to notice "Liebig's soup," a compound of milk, wheaten flour and malt, with a small quantity of bicarbonate of potass. The object of the malt is to convert the starch of the wheat into sugar, and so to save the stomach the trouble of that process; whilst the cow's milk is enriched with the phosphates of the wheat and the added alkâli. The thanks of society at large are due to Liebig, not only for the care and patience with which he has worked this idea out, and the liberality with which he published it, but likewise for the impetus which it has given to the study of the whole subject of infant food in connection with mortality.

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As for results. We believe that of any six infants one would refuse to swallow it; one would take it without benefit; but that the remaining two-thirds would take it greedily and thrive on it. We have known it to put a stop to so many of the miseries arising from undigested or indigestible food, that it has, we think, already earned for itself a permanent place. What form of it will ultimately be the favorite, is another question.

The objection to Liebig's food in its common form are, first, the time, trouble and nicety—it can not be prepared in less than twenty minutes, and not every nursemaid or mother has the intelligence sufficient. Secondly, there is the considerable amount of indigestible husk, often very difficult to separate by straining, and consisting of spicula that look very formidable to any tender mucous membrane. Thirdly, as a theoretical objection, we mention its too saccharine nature and the absence of fat.

The first objection has been met by Savory and Moore, who have put together and prepared the ingredients in such a way that they only need the addition of water and milk, and no straining nor boiling. We can tell, from our own experience, that this preparation, once tried, becomes a favorite in the nursery, and that children thrive well on it.

* * * * * * * * *

We have now, we trust, set forth a pretty general view of infants' food, and shall add but three or four practical hints: 1. The advantage of adding cream from time to time, especially if the baby is constipated. Want of fat is the cardinal defect in Liebig's soup. 2. The expediency of adding a small quantity of some aromatic water to all infants' food, such as dill, anise, etc. There is a very popular food in some counties, consisting of equal parts of barley water and milk with one teaspoonful of good brandy to the pint. Bad for the babies' livers, some would say; but no harm is found in practice. 3. The expediency of giving delicate children small quantities of gravy or beef-tea sweetened, or a few grains of raw meat ground to a pulp. If these agree, a child is almost safe. 4. No one kind of food can agree with all children. It has provoked us to see children dying on a diet which did not suit them, without an effort to shift and combine various elements till the right thing could be found. 5. The importance of teaching the poor that food for babies should be *thin*, and that a thin food may be more nutritious than a thick one.—*From an Editorial in Medical Times and Gazette, London, August* 24.

Gibbon's Hydrocele.—Astley Cooper, while an apprentice, was present at Gibbon's autopsy, and has left us an account of it. The great historian was found to be the subject of an extraordinary scrotal hernia. The term extraordinary can not be regarded as misapplied when it is recollected that almost the whole of the intestines capable of displacement had quitted the cavity of the abdomen, the pylorus itself having descended as far as the orifice of the hernial sac, and the ring being wide enough to admit the hand. Below the sac there existed a distinct cavity, capable of containing several pints of serosity, and reaching within an inch of the knee. This example of hydrocele appended to a hernia is, however, almost as nothing compared with a case met with by M. Bouisson, of Montpellier, in a man 52 years of age. It may be described as

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having the appearance of a second abdomen appended to the ordinary one. This supplementary abdomen is 50 centimetres long, and measures 1 metre 80 c. in circumference, having the volume of a large gourd, and descends lower than the knees. Its upper half is evidently occupied by the whole mass of intestines and omentum, and its lower portion by a serous collection. A first puncture, February, 1866, discharged 16 litres of liquid; and a second, in December, furnished 26 litres. To this combination of voluminous hernia with hydrocele, M. Bouisson proposes to give the name of "Gibbon's Hydrocele." What will the manes of the illustrious author of the "Decline and Fall" think of this?—*Union Méd.* No. 31.

Treatment of Whitlow at Middlesex Hospital.—Amongst the out-patients of the Middlesex Hospital, Mr. Lawson has remarked that the frequency of whitlow varies considerably. At one period of the year the disease may be of frequent occurrence, whilst at another it may be comparatively rare. In speaking of whitlow, it is the deep or severe form to which he refers: the treatment of a superficial whitlow is self-evident. The causes which produce whitlow may be local or constitutional; but the majority of cases are due to the latter. A slight injury, such as a scratch or a prick with a rusty nail, may have been the immediate excitant; but had the health of the patient been good at the time of the accident, the probability is that no severe after-effects would have followed. At certain times when boils are prevalent, and the tendency of disease is to assume a low type, whitlows are common in the out-patient rooms of the hospitals. They should always be regarded as evidences of low power, and in considering the treatment of them this fact should be borne in mind.

When a whitlow threatens, the patient should, if possible, strike work, and a purgative should be given to clear the bowels of all irritating matter, as a preliminary to the tonic treatment which is to follow. The mineral acids with bark nearly always do good; or their use may be preceded by diffusible stimulants, such as ammonia and chloric ether. Depressants are uncalled for and will probably do harm. Warmth should be applied to the finger by linseed-meal poultices, changed two or three times a day; and with each change of the poultice, the part should be soaked for at least a quarter of an hour in hot water. The warmth is grateful to the patient and generally does good.

The most important points, however, in the treatment of whitlow are: 1st, to ascertain when pus has been formed; and 2d, to give vent to it by a free incision.

The sense of fluctuation, which is usually one of the prominent symptoms of the presence of pus, cannot be appreciated when the matter is in the extremity of the finger or thumb. The natural elasticity of the part is so deceptive that it may be easily mistaken for fluctuation. The only reliable guides for determination of the existence of pus in cases of whitlow are tension and pain. The cushion of the finger or thumb becomes hot and swollen, more or less tense, and exquisitely painful. The slightest touch aggravates the pain, which is of a throbbing character, and so severe as to destroy sleep. Such symptoms are diagnostic of pus, and a free opening should at once be made to give vent to it. The incision should be in the mesial line of the palmar surface of the finger or thumb,

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and of a sufficient length and depth to give a free escape to the pus. A warm linseed-meal poultice should then be applied, and the fomentations with hot water repeated from time to time.

Much might be said about the neglected whitlows which are often met with amongst the out-patients. The suppuration has been allowed to go on undisturbed; and no exit for the pus having been made, it either works its way to the surface by progressive ulceration, or it burrows beneath the palmar surface of the finger and thumb, in some instances extending into the palm of the hand. Even when the pus makes its way to the surface, there is always considerable destruction of the overlaying tissues, and very frequently necrosis of the last phalanx. In treating such cases it is advisable to save the nail, and as much as possible of the end of the finger or thumb. By waiting patiently the necrosed bone will become loosened from its attachments, and it may generally in the end be lifted away with a pair of forceps, and a very useful finger will be the result. Amputation should not be performed simply because the last phalanx is necrosed. It can always be resorted to after the other plan of treatment has been tried and failed. There are, however, cases of neglected whitlow in which amputation of the finger or thumb is the only treatment which can be rightly pursued; but these must be regarded as rather exceptional.—*Lancet, August* 31.

OBITUARY.

Dr. W. B. Costello.

This gentleman died in Paris a few days ago, in his sixty-eighth year. He was born near Dublin, received his education in that city, and established himself in London about thirty-five years since as a consulting surgeon, and lived for some years in Breeton-street, Bond-street.

He was not, however, successful, and subsequently became medical superintendent of Wyke-house Asylum, near Isleworth.

For many of the last years of his life he resided in Paris, and devoted himself chiefly to literature. The small practice he had in this metropolis was devoted chiefly to cases of stone, and he practised and advocated lithotrity at a time when such advocacy was required for the success of the operation.

When in London, Dr. Costello was a frequent visitor at the medical societies, particularly the Westminister. He was a frequent speaker, and gave evidence of being a man well acquainted with the literature of the profession. Some years since he published "A Cyclopædia of Practical Surgery," a ponderous but learned work.—*London Lancet, Aug.* 31, 1867.

Dr. James Jackson, of Boston, Mass.—The Boston papers announce the death of this physician as having occurred August 27th, at the age of ninety years. Dr. Jackson was a native of Newburyport, Mass., where he was born on October 3, 1777. In 1796 he graduated at Harvard College, and in 1802 was admitted to the Massachusetts Medical Society. He soon won a high position in his profession, and in 1812 became Professor of the Theory and Practice of Medicine in the Harvard Medical School, which position he held for twenty-four years. He was also one of the founders and physicians of the Massachusetts' General

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Hospital, and was elected President of the Medical Society several times. About eighteen months ago his faculties suddenly failed, and thenceforward his physical powers gradually declined. His death appeared to have been more from old age than from any local disease.—*Medical Record, September* 16*th*, 1867.

EDITORIAL AND MEDICAL NEWS.

OCTOBER marks the exodus of students from their homes to the various medical colleges, north and south, east and west. Probably we are quite within the bounds of truth in asserting that this autumn and winter will find some seven or eight thousand young men, ambitious aspirants for the doctorate, attending "Lectures."

Our JOURNAL has among its readers not a few of this class of individuals—a fact for which we are grateful—and the present seems to us an auspicious time to say some words directly and solely to medical students.

We proffer no advice as to the selection of places, or of schools; not one of the latter is *the* school, not one of the former can claim *all* the professional talent and clinical facilities of our vast country with its many thronged cities: "college circulars" glorify the respective schools from which they emanate—their buildings, their museums, hospitals, apparatus, etc., and the ability of their teachers—quite well enough, so that a medical journal need never degenerate into a puffing machine.

But medical students should bear this in mind, however: It is not the school, nor the men who teach, that should be regarded as most important in determining whether you shall be indeed physicians, or shams; it is not the opportunities, limited or extensive as these may be, but the wise use of them that settles this question. And when a man offers himself to the public in the capacity of a physician, and when he associates with other physicians claiming peership, where he graduated, and whose names are attached to his diploma, are minor matters in comparison with the great question, what is he? We seriously doubt whether there is in general very much difference in the value of the diplomas of most of our various medical institutions, as proofs of professional qualification. The *Matres Medicorum* of our country are remarkable for their brief term of pregnancy, and for the facility with which parturition takes place; in some rare instances the fœtal M. D., is not strong enough to be thrust upon the world when he desires to be, and sorely tried by questions he can not answer, a sort of *cephalic version* is performed, and delivery postponed six months or a year: but these are exceptions, and the vast majority of

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those who offer themselves as candidates for graduation do not find themselves in a "strait" which they can not "pass."

An effort has recently been inaugurated by some of the most intelligent and skillful accoucheurs to induce these prolific mothers to prolong their period of utero-gestation—making it four years instead of two or two and a half, as it often now is—but earnestly as we wish this reform, we dare not hope to see it succeed for some time; at any rate the gentlemen now attending medical lectures, need not fear any delay from this source, in their entrance upon professional life.

Nevertheless we wish we could impress upon them the very serious error, an error which they will many a time in future years bitterly repent, of hurrying through their medical pupilage. Four or five years of study, including at least three full courses in medical colleges, is a brief enough time for the vast majority of men to prepare themselves for professional responsibilities. But in this fast age he who attempts to put a drag upon the swiftly whirling wheels, labors vainly, if not to his own hurt.

We can assure students still more, that wherever they may go, for five or six months, they will have more work than they can do well—more aliment offered them than they can thoroughly digest, and completely assimilate, and *mental dyspepsia* with subsequent *professional marasmus* sometimes results from our system of cramming. How are such consequences to be guarded against?

The student must bear in mind that his chief aim is to qualify himself to be a physician, not to "pass"; if the first object is attained, the second is inevitably certain; let a man be prepared for his practical work, and rejection is impossible, and the ordeal of the "green-room" a very clumsy scarecrow. In his collegiate course let him discriminate as to time and attention, in favor of such subjects as he can not well study at home in the recess, or such as lie at the basis of professional knowledge, or such as have directly or remotely the greatest practical value. For example, Anatomy, the foundation of eminence as surgeon or physician, he can acquire a knowledge of no where else half so well, if at all, as at a medical school: neglect, therefore, no anatomical lectures and readings, and be faithful in the dissecting room. Next we would place Clinical Medicine, Surgery and Obstetrics; let him familiarize himself at hospital and college clinics with the physiognomy, the pathology and the diagnosis of special diseases, with the detection of surgical injuries and maladies, and with the operative procedures they require; and let him as occasion offers study the natural history of parturition.

And here we beg leave to say, that a few cases well studied are better

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than a thousand of which only a smattering knowledge, if any at all, can be acquired: confusion worse confounded often results from the vain attempts to see too much; there is a limit to each man's receptive power, and a vast variety and number of objects may sometimes be worse than none at all.

But we have not time to enlarge upon these points, and we hasten on to speak briefly but earnestly, and we hope usefully, upon some special perils which may environ the medical student.

The students of medicine as a class do not boast plethoric pocket-books—they have no money to throw away—and therefore the more need for a rigid economy, cast as they are in the midst of so many temptations to financial extravagance. But let the economy be in clothing, in the so-called recreations and amusements, rather than in the facilities for obtaining knowledge. Buy such useful books and illustrations as you can, even if your coat should be somewhat thread-bare and your hat not in the latest style: a gentleman will never estimate you by your dress, and the good opinion of those who do thus judge men is not worth having, and years hence you will be glad that you put into your head that which you saved from its exterior, and into your library that which you kept from your back.

What shall we say of other temptations to spend money save on personal apparel—what shall we say of the innumerable dens of vice which in all our large cities open wide their doors to entice the unwary to their ruin? If we believed no young man in any of our medical schools would set foot in such places, nay, if we did not know that some at least would be led thither, planting it may be in both soul and body, the seeds of moral and physical disease, then we would gladly be silent.

Is there no danger to any of them from seeking the pleasures that sparkle in the wine-cup, no peril in the consequent habit which may be formed, no mischief present and prospective too, in alcoholic potations? For the student's work these indulgences are needless and injurious. Alcoholic beverages never gave profounder thought, clearer comprehension, and greater mental endurance; they never made the heart braver and stronger for the real struggles and burdens of life. Trace their injurious influence,* when habitually indulged in, upon both the animal and the or-

* Those who are interested in the scientific study of the action of Alcohol upon man, will find an admirable discussion of the subject by Alfred Fournier in the *Nouveau Dictionnaire de Medecine et de Chirurgie Pratiques, Tome premier*: it is free from that suspicion which, in our mind at least, often attaches to the prize essays and other paid performances, gotten up directly the demand of temperance organizations, that the author or authors may be trying to make out a strong case.

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ganic life—scarcely an important function or organ of the whole body that they do not lay their curse upon—motility, sensibility, the special senses, the intellect, the stomach, the intestines, the liver, the kidneys, the heart, the arteries and the veins, the very blood itself changed in character, all speak with no ambiguous voice in protest against such indulgence. Physicians knowing all these things, should be the foremost men in endeavoring, both by precept and example, to check the tide of intemperance which every year engulfs so many thousands. And medical students, the coming physicians, would secure for themselves high vantage ground for future efforts in this needed reform, by sacredly resolving that save for medicinal purposes, no drop of alcohol shall ever touch their lips. Another argument for such abstinence, but based upon purely selfish, as the former was on philanthropic considerations. By and by, when out in practice, especially if successful, they will find themselves the objects now and then of slanderous and injurious reports; the people generally and justly, regarding with serious distrust a "drunken doctor," the charge of intemperance is that which is oftenest bruited about by some malignant moral assassin; but he who is clad in the panoply we advise, may laugh these poisoned arrows to scorn.

There is another peril in regard to which we can not be silent. In your next hospital visit examine some of the poor victims of syphilis; see the frightful and various ravages of the remorseless poison, a poison which once introduced into the system, in many instances is never entirely eradicated, is communicated from husband to wife, from sire to son or daughter; and by this knowledge, by the memory of pure hearted mother, and virtuous sister, and it may be of one of the same sex more loved than either, restrain the ardent passions of youthful blood. Shun as you would the commission of capital crime, a companion whose thoughts are constantly gloating upon sensual images, and the chambers of whose mind are a seraglio of imagined lust, who would inflame your heart with salacious ardors, or who would habitually and persistently tempt you with intoxicating drinks;

> "Arise and fly
> The reeling Faun, the sensual feast—
> Move upward, working out the beast;—"

turn away from the home of her who, the hapless victim of another's cruel and irreparable crime, sells her body for hire, for the dead are there and her guests are in the depths of hell. And every victory of this sort, each triumph over temptation will make you a stronger, better, purer, nobler man—

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"Who reigns within himself, and rules
Passions, desires and fears, is more than king"—

and in these regards better fitted for the Profession to which you aspire, and whose duties are best discharged in the fear of God and in the love of man.

CHEAP SCIENCE.—We recently noticed the advertisements of two medical colleges. Each school has eight or ten professors and teachers. They each propose a course of five months, giving as many lectures each day as the students can listen to with profit. For this they propose to charge FORTY DOLLARS.

Our first thought was, that this is *fraudulently* cheap. But we must not judge. These are all experienced teachers. Some of them have been teaching these many years. They ought, by this time, to know what their services are worth. They once charged higher than this; and if they found, by experience an i observation, that the fees were too high for the services, it was their duty to lower them. But, as "time is money," can students afford to spend five precious months in listening to instructions worth but eight dollars a month, though imparted by half a score of men? Either these men have undervalued their teachings, or students who attend on them undervalue their time.

But these teachers may suggest that we attend to our own business; which is just what we are doing. Educators can not belittle their calling, without doing injustice to other educators.

"But dwellers in glass houses must not throw stones." We have recently heard of a Dental college proposing to give a student a course, and let him pay for it after he earns the money by practice. Whether or not he is to "board around" with the professors, during the session, on the same terms, we have not learned, but presume he is, as they are generous fellows, and do not profess to do things by halves.—*Dental Register, Aug.* 1867.

We take for granted that the "two Medical Colleges" alluded to, are the "Ohio" and the "Miami;" and we frankly admit that there is some ground for this sharp criticism. And yet are these colleges sinners above others? Let the critic examine the circulars of the Cincinnati College of Medicine and Surgery, of the Cleveland and of the Chicago schools, of the Kentucky School of Medicine, of Starling Medical College, above all of the Medical Department of Michigan University, to learn how cheaply medical instruction is furnished.

Now are Cincinnati teachers of medicine to drive away by high fees the hundreds of students who would otherwise naturally go there, as the oldest and most famous center of medical instruction in the west, and then enjoy the great dignity of lecturing to empty benches? For unto this complexion it comes at last. We do not believe that any material advance

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can be made in lecture fees in Cincinnati, at any rate not such an advance as would make them the same as those of the New York and Philadelphia schools, without turning away to Ann Arbor, Chicago, Columbus, or Cleveland, at least one-half of those who otherwise would seek their medical instruction in that city.

The intrinsic value and the commercial value are often very different things—they ought to correspond—but while they do not, men's actions should be shaped accordingly.

And yet it might possibly occur to the critic's mind, that peradventure medical teaching, like medical practice, is not always a commercial matter—men may be lecturers in medical colleges without any desire or expectation of pecuniary gain. Higher than any pecuniary profit are the growth, the culture and the honor that a man may have who industriously and faithfully teaches his fellow men. Higher than this again, is the usefulness of such an avocation; the teacher, above all the teacher of the noblest of earthly arts, he who fits men to cure or prevent disease, instructs them in the means of removing human suffering, of lightening and lengthening human existence, is doing a work the value of which can not be estimated in dollars and cents, and for which he finds his highest compensation in the consciousness of doing good.

We frankly admit that the fees in Cincinnati are not what they ought to be, and that every one of her qualified, earnest and honest medical teachers should be better paid, and that these low fees there depend partly upon local causes, some of which are not altogether creditable. And yet, after all these admissions, we do not see how the case can be altered at present; and we do protest against the dilemma presented—"Either these men have undervalued their teachings, or students who attend on them undervalue their time"—as exceedingly bad logic, for neither the one nor the other alternative is necessarily true.

Correction.—Dr. Whittaker requests the following insertion: The names of attending physicians Drs. Jno. A. Murphy and H. E. Foote were inadvertently omitted in the report on Belladonna in Incontinence of Urine, in the August number.

Cincinnati Hospital Changes.—Dr. Lewis A. Querner has resigned his position of Resident Physician at the Hospital of the Good Samaritan. Dr. Thomas C. Minor has been appointed to fill the vacancy.

Professors Bartholow and Seely have recently been added to the Staff of the Commercial Hospital—the former in the position of Pathologist, and the latter in that of Oculist.

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THE LAST WORDS OF VELPEAU, and they are worthy to be remembered by every physician, were "*Il faut toujours travailler, mes amis.*"

THE MEDICAL SOCIETY of West Virginia will hold its first semi-annual session in the Hall of the House of Delegates, Wheeling, Tuesday October 2nd.

AWARDS AT PARIS EXHIBITION.—Prof. Hyrtl, of Vienna, received a gold medal, at the last Paris exhibition, for his anatomical preparations, and Prof. Trichmann, of Cracow, the bronze for the same. Dr. Politzer, of Vienna, received an "honorable mention."

WE ARE GLAD to receive the *Humboldt Medical Archives*, edited by Drs. Hammer and M. A. Pallen, of St. Louis. The editorial contributions especially give promise of a higher style of periodical medical literature, than some of the dreary platitudes and chaffy inanities of medical authorship which now and again find their way into print.

LOSS OF MEMORY FROM SYPHILIS.—Dr. Cerasi states, in the *Medical Journal* of Rome, that a married lady of 38 years applied to several medical men on account of flagging intellect and loss of memory. After she had undergone several modes of treatment without avail, and homœopathy had also failed, she came under the care of Dr. Cerasi, who, from various symptoms suspected syphilis. He instituted a treatment with iodide of potassium and mercurial friction, and obtained, in two months and a half, a complete cure.

FARADAY AS A LECTURER.—From a recent English paper we extract the following in reference to Michael Faraday, one of the most distinguished philosophers of our age, who died August 25, in the 76th year of his age:

"As a lecturer on science," writes one who knew him well, "Faraday was without his equal. At the table in the theatre of the Royal Institution, with his beautifully devised apparatus around him, he was perfectly at home and at ease. The first words which fell from his lips conveyed to all an impression of thorough earnestness, an intense desire to know and to impart to others his knowledge of—the truth. You felt that you were in the presence of a guide of the highest order, with whom you might go forward without fear of being led into error. Nothing but the truth could fall from his lips. Every truth would be made as clear as it was possible for a man to make it within the limits of an hour, and with the limited resources of the lecture-table."

Faraday's language, it may be added without fear of contradiction, was always simple, and the only poetry in which he ever indulged was the earnest expression given to some of those great truths of which he was the discoverer. He sought to reach the mind of every hearer through more senses than one. He never *told* his listeners of an experiment; he

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always *showed* it to them, however simple and well known it might be. "If," said Faraday once to a young lecturer, "I said to my audience, 'This stone will fall to the ground if I open my hand,' I should not be content with saying the words; I should open my hand and let it fall. Take nothing for granted as known. Inform the eye at the same time that you address the ear." And this was the great secret of Faraday's success. Every one left the theatre of the institution in Albemarle street satisfied that he had really acquired some useful knowledge, and that he had gained it pleasantly and without toil or labor.

PROF. N. S. DAVIS publishes, in the *Chicago Medical Examiner*, September, a paper read by him before the Illinois State Medical Society, entitled "*Experimental Inquiries Concerning the Physiological effects of Alcoholic Drinks on Man.*" The chief interest of the paper is in the *sphygmographic* investigations made by Dr. Davis, to test the influence of an alcoholic stimulant upon the pulse wave. The paper concludes thus:

Although the inferences to be drawn from the sphygmographic pulse lines as connected with different physiological and pathological conditions of the human system are yet imperfectly understood, yet so far as observations have been made, the lines in the accompanying d agram indicate retarded movement of the blood in the capillaries, and consequent increas d suddenness of expansion and contraction of the arterial trunks by the impulse of the heart. If this inference be correct, then we may sum up the results of the varied and ingenious experiments in reference to the effects of alcohol on the human system, many of which have been performed both in this country and Europe, in the two following propositiens:

First. Its presence in the blood directly interferes with the normal play of vital affinities and cell action in such a manner as to diminish the rapidity of nutrition and disintegration, and consequently to diminish the dependent functions of elimination, calorification, and innervation; thereby making alcohol a positive organic sedative, instead of a diffusible stimulant, as is popularly supposed both in and out of the profession.

Second. That alcohol itself acts in the system exclusively as a foreign substance incapable of assimilation or decomposition by the vital functions, and is ultimately excreted or eliminated without chemical change.

The important bearing of these conclusions on the therapeutic and hygienic uses of alcoholic drinks must be obvious to all, and especially demand the careful attention of every member of our profession.

DUST AND DISEASE.—The recent analyses of Mr. Titchborne, of Dublin, and Dr. Letheby, show that street dust contains, besides its inorganic constituents, no less than from 24 to 30 per cent. of organic matter, chiefly from the excreta which fall upon the thoroughfares. This state of things probably operates in the extension of hu ..an epidemics, especially diarrhœa; but certainly such dust blown upon the mucous surfaces of the eyes, mouth, and nostrils of cattle, is a means of extending epizootic infections.

ERRATUM.—By a strange oversight, M. D., has been left off from S. LITTELL, page 585.

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THE

WESTERN JOURNAL OF MEDICINE,

(Formerly, "Cincinnati Journal of Medicine.")

Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

NOVEMBER, 1867.

On Persistent Uterine Hæmorrhage following Abortion. By Dr. J. C. Reeve, Dayton, Ohio. [A paper read before the Montgomery Co. Medical Society.]

Abortion, like labor, varies between the widest limits as to the facility or difficulty with which it takes place, and consequent peril to the patient and anxiety to the practitioner. There are cases in which the ovum is extruded entire, with very little pain and very slight hæmorrhage, slipping, as it were, out of the uterus, with no premonitory symptoms to give warning or attendant symptoms to demand professional advice. Far more frequently, however, it is otherwise; there is persistent and repeated hæmorrhage of serious amount, and pains long-continued and severe. Days are often passed under these symptoms, and when the fœtus is finally expelled, the practitioner finds to his chagrin that the anxieties of the case continue, or are perhaps increased, for the placenta remains behind, and so long as this is the case, hæmorrhage, sudden and profuse may occur. Efforts to remove the offending body have then to be made, and they very frequently prove as ineffectual as painful, and thus, perhaps a week may elapse before the process is completed and the patient can be pronounced safe. I presume the experience of every one here can furnish instances to prove that the picture is not overdrawn

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or too highly colored, and that far more frequently than labor at full term, does abortion tax his patience, exhaust his skill, and weary him with prolonged attendance.

The causes of these difficulties, it is well known are to be found in the physiology of gestation, and the anatomy of the parts concerned. The undeveloped condition of the muscular structure of the uterus, during the early months of pregnancy is unfavorable to efficient expulsive contraction; the cervical portion is not yet prepared for ready dilatation, and its tube-like form requires more force and longer time to bring it about; the same unrelaxed and undilatable condition of the other parts, interferes with the assistance which the physician would render, and vastly increases the difficulty of any proceedings to hasten the delivery, whether manual or instrumental.

But it is not to cases of hæmorrhage after abortion, lasting a week or even two, that I wish to call your attention to-day, but to cases of far more considerable duration, extending to several weeks or even months. The fact of the miscarriage may have been entirely forgotten, or the patient may not have known that she was pregnant; if the physician did not attend her at the time he is not likely to connect the hæmorrhage with this accident, and especially if not aware that such cases may occur, he is not likely to suspect any such connection; he finds the os closed, and gains little information by a vaginal examination, and may long treat in vain a uterine hæmorrhage which only needs for cure the removal of the cause—the retained placenta or membranes of an abortion. A knowledge of the existence of such cases is important, then, for it needs but a careful examination into the history of the patient to enable us to detect them; once recognized they can be successfully treated. Yet, important as they are, but few of the text books generally in use distinctly treat of them, many merely mention the liability of the patient to hæmorrhage while the placenta of an abortion remains, and nearly all of them are defective in regard to the treatment.

There is an especial period of pregnancy during which abortion is peculiarly liable to be complicated by retained placenta. It extends from about the end of the second month to the end of the fourth. During this period we have two other elements of difficulty in addition to those already enumerated; they are, a more intimate connection of the placenta with the uterus, and its small size, its bulk not being sufficient for the expulsive contractions of the uterus to act upon efficiently. Before this period the attachments of the ovum to the uterus are slight, and it is generally thrown off entire, while after the fourth month the process assimilates

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itself more to labor at term by the readier separation of the attachments, greater bulk for the uterus to exert its powers upon, and greater facility of access by the hand or instruments for removal.

Of course it is not every case in which the placenta and membranes of an abortion are retained that hæmorrhage ensues. There are several different modes of termination which may occur. They may retain their vitality for an indefinite period, or they may undergo decomposition, soften down and be discharged as putrilage, the different results being determined, I believe, by the greater or less amount of detachment which has taken place. This mode of throwing off the remains of an ovum may have no worse consequences than the disagreeable symptoms naturally attending it, or purulent infection may result, and cause a fatal termination. But retaining vitality by means of attachments to the uterus, the placenta and membranes, or portions of them, may be discharged at any subsequent time, unchanged, without symptoms, and without known cause; or, they may be more or less modified by subsequent growth giving rise to many varieties of mole; or, finally, they may in a certain number of cases keep up a profuse hæmorrhage, either continuous or intermittent, for an indefinite period of time. It is to this class of cases, as before said, that I call your attention, and will now report those I have met with.

The first case of this kind which fell under my care, took place about two years ago, and occurred to a middle aged woman whom I had attended twice in labor. During a visit to an eastern town, and some six weeks before I was called to see her, she had suffered a miscarriage. The attack was sudden and in the night; by the time the physician arrived the process was over, or so it was supposed, and he neither made an examination, nor instituted any treatment. Soon after her arrival home, she had began to suffer from attacks of uterine hæmorrhage, which came on suddenly and gradually increased in severity until they now demanded every care and active treatment. I had no hesitation in regard to the pathology of the case; she had always been regular in her menstruation, had never before had menorrhagia, and the attacks of flooding were profuse and sudden; I therefore decided that the cause of the hæmorrhage was a detained portion of the ovum, and treated her accordingly. I used, first, remedies to promote expulsion; gave ergot in several different forms, and repeatedly, but without effect; administered different preparations of iron, and astringents, such as gallic acid and acetate of lead; the local application of cold both externally and by injections into the rectum; but all measures proved useless either to cause the expulsion of

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the offending body, or to permanently check the hœmorrhage; every few days it would break out afresh, until the patient was so reduced as to excite grave apprehensions on the part of her friends. It now occurred to me that dilatation of the os uteri would permit me to introduce a hook or forceps, and probably to effect a cure in that way; I therefore made several attempts to introduce sponge tents but failed, either from my own awkwardness or from unusual difficulties in the way. I was not then aware of Sims' plan of introducing them through a speculum, holding the uterus down with a hook. During the time occupied by this treatment word had gone back to the eastern town where the miscarriage occurred, and my diagnosis had been communicated to the old attendant of the family, a gentleman in whom they had implicit confidence, and one who stands very high in the profession. To my astonishment I was told that he declared it impossible for any portion of the ovum to remain during so great a length of time; that it was, indeed, nonsense to take such a view of the pathology of the case. I found myself now seriously compromised with the family and friends, and it was only now that I felt the lack of information upon the subject, for upon turning over the authorities to find support for my opinion, I could not readily do it, nor could I remember or ascertain where I had first learned that such cases do occur. Fortunately, just at this time, the *vis medicatrix naturæ* came to my assistance, and proved an efficient ally. At one of my visits I was shown a fleshy substance which the patient had expelled, and which closely resembled a specimen I shall show you from another case; this at once confirmed my diagnosis and terminated the case, for there was no return of the hæmorrhage afterwards.

The second case occurred in May of the present year, and is a well marked example of the class, and furnishes an excellent illustration of the benificent effect of appropriate treatment. The patient was the mother of six children, a healthy woman, and had never suffered from any menstrual irregularities. I found her suffering from uterine hæmorrhage which had continued until she was in an extremely debilitated condition. She said that for months not a day had passed without profuse losses of blood, and her blanched countenance and feeble pulse indicated the probable truth of the statement; she was now so weak that she had fainted upon several occasions from rising in the bed to the sitting position. She had been under the care of three different physicians in succession, all of whom had given her iron, but only one of whom had made a vaginal examination. I learned from her that about Christmas, while lifting a heavy tub of clothes, a sudden gush of blood had taken place; that this was the

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beginning of the trouble which had since never entirely ceased; she had missed the two menstrual periods preceding that time, but did not know she was in the family way, nor had she seen anything to cause her to suspect that she had miscarried. A vaginal e: amination gave no particular information; the uterus seemed somewhat heavier and larger than usual, but not much, and the os was entirely closed. My diagnosis was again that the retained placenta of an aborted ovum was the cause of the hæmorrhage, and I felt sure of it from my experience with the preceding case. I therefore used ergot, controlling the loss of blood meanwhile by the tampon. When in a day or two I had convinced myself that ergot would not effect expulsion, I decided at once to dilate the os with sponge tents, and lose no more time in administering internal remedies. The dilatation was effected in about forty hours, and I was enabled to pass my finger into the uterus, but I could feel nothing even upon depressing the uterus upon it with the other hand acting externally. I therefore naturally doubted the correctness of my diagnosis, and proceeded to put in force another measure which I had determined upon, and for which the patient was now prepared; I allude to intra-uterine injections, the use of which without previous dilatation of the os is now generally recognised as a very dangerous remedy. I therefore carried to the fundus of the uterus the long pipe of a syringe, and threw in a mixture of the liq ferri. sub. sulph. with five parts of water, applied a tampon, and left directions to be sent for if hæmorrhage again broke out. About twelve hours afterwards I was called, and upon removing the plug, found lying in the vagina the specimen which I now show you. It is much shrunken and changed by the action of alcohol, but was then a fleshy mass about the size of a quarter dollar, and about one-third its diameter in thickness, evidently a placenta of the early months of pregnancy. The woman made a good recovery; her next menstruation, however, was so profuse as to cause her to send for me, but a few days rest in bed was the only remedy required.

The third case occurred about two months ago. It was not so well marked as the others, and no treatment was required, but it illustrates extremely well the i ıfluence of retained placenta in exaggerating the menstrual flow, causing menorrhagia instead of metrorrhagia. The patient had had two children at pretty short intervals, and in March last found herself again pregnant. She applied to me to cause abortion, which was refused. Shortly afterwards, I was called to attend her, and found miscarriage going on with pretty severe pains and considerable hæmorrhage. She confessed that she had brought it on by means of a pen holder. In due time she was delivered, and I thought I had removed all

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the afterbirth, but it was done with difficulty, and not without tearing it. She had a pretty smart attack of peritonitis, but after recovery from this I heard no more of her until about the middle of August, five months after the abortion. I was called then to prescribe for menorrhagia; she had been regular every month since I attended her before, but the flow was always too profuse, so much so as to be obliged to keep her bed, and now to demand treatment. I advised rest, cold applications, and prescribed an astringent, considering it the consequence of the preceding abortion, in another sense from what it proved to be. On the next day I was sent for in great haste, and found that she had had a sudden attack of hæmorrhage so severe as to be alarming, but it had ceased before my arrival. Upon making an examination, before deciding upon the treatment, I found lodged in the os, and removed easily, the specimen I now show you.

I propose now to examine what is said of this class of cases by writers upon the subject. Beginning with those of our own country, neither Bedford, (ed. of 1861,) nor Meigs, (2d ed., 1852,) make any distinct mention of them, although recognizing the difficulties of retained placenta after abortion, its expulsion entire, or discharge by softening into putrilage, and that the woman is liable to hæmorrhage so long as it remains. Hodge distinctly recognizes them: "If the embryo escape, the membranes may be retained even for a long time, and may possibly give rise to subsequent mischief, by keeping up a hæmorrhagic discharge with more or less pain." (p. 465.) He recommends nothing in the treatment of these cases, however, but to patiently wait for uterine contractions, while he recommends vaginal and intra-uterine injections for those cases in which putrefaction occurs. The English writers are scarcely fuller upon this point than our own. Churchhill, (3rd ed., London, 1855,) says only that hæmorrhage is to be feared so long as any part of the membranes remain, and directs very fully the treatment of the hæmorrhage occurring at the time, but says nothing of the protracted cases under consideration. Murphy, (2d ed., London, 1862,) says but little more; he mentions one case in which the placenta was not expelled until the tenth day, and I therefore judge this to be the longest period of retention he has seen. Ramsbotham, (American ed.,) speaks clearly of the retention extending even to months, and causing hæmorrhage; for treatment he advises only ergot and the tampon. Tyler Smith, (2d ed., edited by Gardner,) says parts of the ovum may remain even to weeks, but says nothing of the hæmorrhage which may occur at so remote a period. For a full recognition and complete description of these cases, we must consult the writers

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of continental Europe; fortunately one of these, and one containing an excellent consideration of the subject, is accessible to all. I allude to Caseaux, translated by Bullock, (Philadelphia, 1866.) This work contains an entire chapter upon the delivery of the afterbirth of abortion. One case is mentioned in which it was not expelled until three months subsequent to the abortion, and attention is directed to the fact that after the escape of the ovum, "the uterus, being partially evacuated, retracts, the neck closes up, and the symptoms disappear." Further measures of treatment, however, I believe we have at our command. Ergot having failed, and he has never seen it successful, "to wait, at the same time watching carefully, is all that can be done." Joulin* recognizes fully the difficulties and dangers of abortion with retained placenta: "Abortion then enters upon a special phase which demands careful surveillance, for it may bring danger of death." He mentions one case which fell under his own observation, a placenta of twin pregnancy was not expelled for forty days; there was no hæmorrhage during this time, which he looks upon as exceptional. Besides ergot, he has nothing to recommend but waiting and watching, prepared to act whenever symptoms arise; and this is most singular, too, for on the same page, in directing the treatment of those cases where purulent discharges occur with pyæmia, he advises the dilatation of the os with sponge tents as an efficient mode of bringing on expulsive contractions. Devilliers, the writer of the article "Avortement," in the *Nouveau Dictionnaire de Medecine et de Chirurgie pratiques*, fully describes these cases and recognizes the dangers of them. He says the hæmorrhage may be kept up for weeks or even months, the os having closed, and an examination revealing nothing but a somewhat enlarged uterus. He recommends no other measures of treatment than those laid down by Joulin.

Among the German authors, Siebold,† in his clear and methodical compendium of midwifery, distinctly recognizes the cases, and says the hæmorrhage may be kept up for weeks or months. In treatment, too, we here find an approach to what I believe to be the only reliable treatment of these cases—the introduction of pieces of sponge, squeezed out of decoction of althea, into the os to promote the expulsion of the retained portions of membranes or placenta.

More recently, and since the occurrence of two of the cases detailed above, an article has appeared from another European writer which is all that could be desired upon the subject. It may be found in Ranking's

* Traite complet d'Accouchments. Deuxieme partie, pp. 755-766, Paris, 1866.

† Lehrbuch der Geburtshulfe. Zweite Auflage. Braunshweig, 1854.

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Abstract, (Jan.–July, 1867, p. 226,) under the title of "Incomplete Abortion," and is from the pen of Prof. Breslau. Here we find mentioned every point which the preceding cases illustrate; the retention of the placenta for months, the persistent hæmorrhage, or the hæmorrhage only coming on after a considerable time from the miscarriage, the closed os uteri, and the difficulties which may attend a diagnosis. And here, too, better than all, we find the proper treatment advised, dilatation of the os by means of sponge tents. This is without doubt an essential improvement in the management of these cases, and the measure which should be put in force as soon as the nature of the case is made out, or even as a means of arriving at a diagnosis, without losing time with other remedies. With me the use of this means was original, and I cannot but say that I was pleased to find a course I had adopted sustained by such high authority. A moment's consideration will show why it should be an efficient remedial measure; the great obstacles to the delivery of the placenta are, 1st, An undilated os; 2d, Want of expulsive contractions of the uterus; 3rd, Attachments between the uterus and afterbirth. The first obstacle it attacks directly by opening a way of exit; the second and third indirectly, yet efficiently, because we know that expulsive pains do not come on until the os is dilated, that there is an antagonism, as it has been termed, between the dilating and expelling actions of the uterus, whereby one action does not begin until the other is completed; and again that to break up the adhesions which exist, these pains are the best of all means, and generally sufficient. Should they not prove so, then the dilatation of the os has rendered easy the introduction of the finger, or of such instrument as may be chosen to aid in removing the offending body.

One other point upon remedies deserves mention. There is, I find, a general distrust of ergot as being of any service in the expulsion of these retained placentae, and in the two cases where I administered it, it did no good. There is undoubtedly an explanation to be found for this; it is the undeveloped condition of the muscular fibres of the uterus. Ergot proves efficient as an ecbolic in proportion as the full term of pregnancy is reached, and in the early months proves far less reliable. I shall continue to give it, as I have done heretofore, but with diminished confidence in its power over such hæmorrhages as I have described.

The cases to which I have called your attention may not occur very frequently; undoubtedly the number I have met with in a little more than two years is not a correct index of their relative frequency, yet I believe they are frequent enough, as they are of sufficient importance to justify the time devoted to them to-day.

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Case of Eclampsia. By Dr. L. HUMPHREYS, South Bend, Ind.

October 29th, 1866, at two o'clock A. M., I was called to see Mrs. B., a highly intelligent lady, of nervous-sanguine temperament, aged 36, and near full term of her third period of gestation, (the first after her second marriage—having borne two children by her first husband, both children dying in infancy, and a widowhood of ten years elapsing before her second marriage.) I found the patient had passed a sleepless night, owing to severe neuralgia of the face and stomach. I ascertained that these attacks were periodical in character, having occurred for several consecutive nights prior to my visit, the paroxysms commencing at about seven o'clock P. M., continuing until morning, and an almost entire exemption from pain during the day. The patient had taken one-fourth of a grain of morphine at bed time each of the three preceding nights. I found the patient with a flushed countenance, hot skin, quick pulse, which was somewhat accelerated above that ordinarily found in pregnant females, tongue clean, and bowels regular.

As the patient was still suffering from neuralgia at the time of my visit, although in a less degree than through the early and middle portions of the night, I prescribed one-fourth grain doses of acetate of morphine, to be repeated as occasion required, for the relief of pain, and with a view of preventing a recurrence of the paroxysm, sulph. quinine through the day, (at the risk of inducing premature labor,) until sixteen grains had been taken. At six o'clock P. M. found the patient suffering from slight return of neuralgia, but less severe than on former evenings; skin moist, pulse moderately full. She had passed the day comfortably; good appetite. Prescribed at this visit a continuance of the morphine, if required, and sulphuric ether in half drachm doses every three or four hours, to relieve flatulence of the stomach, from which the patient suffered considerably. At nine o'clock P. M. the same evening, I received a message that my patient was suffering intensely, and desired my presence immediately, and while on my way met another messenger with the unwelcome intelligence that Mrs. B. was in convulsions. On entering her room I found her in bed, surrounded by female friends and her husband, who were in great alarm at her condition. The patient was in convulsions, her body excessively agitated and uncontrollable, the countenance of a bluish or violet hue. fixed stare of the eyes, pupils dilated and globes turned obliquely upward, nostrils distended, angles of the mouth drawn backward, features sharpened, trunk rigid, hands convulsively clenched, head turned over

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backwards, mouth half open and tongue protruding, forearms rigid and excessively pronated, legs flexed upon the thighs, feet and toes strongly flexed. (In subsequent attacks there was frequently opisthotonos, the patient resting upon the heels and occiput.) The walls of the abdomen were rigid, all of the muscles of the body were affected by a violent trembling, in short, well maked *epileptiform* convulsions. I learned from the nurse that at the moment the convulsions came on, the patient exclaimed, "Oh, my head, water, spasms!" I immediately gave chloroform by inhalation, applied cold to the head, warmth to the feet and lower extremities. In a few minutes the convulsive action ceased, the patient continuing in profound stupor. An examination per vaginam revealed a closed os uteri, mounted "well up" on the sacrum, and no evidence afforded of uterine action. About an ounce of very dark colored urine was drawn off with a catheter, and a less quantity was obtained in six or seven hours after, indicating almost suppression of that secretion. The rectum was emptied by an enema. The patient remained in stupor for half an hour after the cessation of the first attack, when the convulsions returned more violent than at first, continuing from eight to ten minutes; chloroform was freely given in each return of convulsions, commencing its use at the first indication of their return, in order, if possible, to anticipate their attacks, shorten their duration, and mitigate their violence. After the second attack there was no recurrence of the convulsions until half past two o'clock A. M., (nearly four hours afterwards,) the patient meanwhile remaining quiet, once or twice being aroused to partial consciousness. Much of the time respiration was deep, at times stertorous. During the intervals of exemption from paroxysms, the skin was moist, pulse about eighty per minute, not very full; during the convulsive attacks, the pulse varied greatly; sometimes so rapid as scarcely to be counted, at others, hardly perceptible at the wrist, when the surface of the body would become cool, the capillaries congested, and several times the pallor of death seemed to pass over the countenance, and every indication given of a speedy fatal termination.

At half past two the convulsions returned with increased violence, and continued to recur at intervals of from half an hour to one hour, each attack lasting from five to twenty minutes. At three o'clock, an examination of the mouth of the uterus revealed no positive dilatation, but less rigidity. A repetition at seven disclosed the os dilated half an inch, and disposed to yield, still "high up" and difficult to reach. At nine the opening was increased, parts soft and more yielding; ascertained that the head of the child was presenting. Gave infusion of ergot

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in limited quantities, (as the patient had difficulty in swallowing,) with one-quarter grain doses of tartrate of antimony every twenty minutes until vomiting ensued. Up to this time not the slightest evidence was afforded of any expulsive efforts on the part of the uterus, nor were there any genuine, well marked, spontaneous contractions of that organ during the entire period of parturition. At half past nine proceeded to "flood or shower" the mouth of the womb and its surroundings, with tepid water, by means of a flexible tube syringe; this was continued for half an hour, after which an examination showed increased enlargement of the opening. I then proceeded to detach the membranes from the interior of the womb near its mouth, with the point of the finger, after which one end of a large sized gum catheter was introduced within the os uteri, and through it a stream of tepid water was slowly injected; this was continued for twenty minutes. An examination showed considerable dilatation of the os, soft and yielding at the edges. Introduced the index finger within the os, and by gentle, steady traction up its edge for a minute or two at a time, excited slight contractions of the womb upon its contents, these contractions ceasing as soon as the traction was discontinued. By repeating these tractile efforts, I was gratified to find that there was *some* descent of the contents of the womb, and a gradual yielding of the surrounding soft parts. At two P. M. the membraneous sac, or "bag of waters" began to form. The sac was punctured with the point of curved scissors, the waters escaping slowly; by traction as before upon the edge of the open mouth of the womb, contractions of that organ were excited at proper intervals until the head of the child was engaged in the inferior strait. At half past three the vertex being behind the symphysis pubis, proceeded to apply the forceps, and delivered a well developed living child. The pulsation of the umbilical cord was moderately strong, but it was some minutes before respiration was well established in the child. That it *was* alive under the circumstances surprised all. At four o'clock the labor was completed, and the mother "placed in bed," nineteen hours after the convulsions began. The paroxysms continued to recur about once an hour, each attack less violent and of shorter duration, until eleven o'clock, twenty-six hours from their commencement. Directed cold to the head and warmth to the feet, gave from ten to fifteen drops of Tilden's fluid extract of belladonna, at intervals of an hour and a half to two hours, and all the patient could swallow of a strong solution of acetate of potash at proper intervals, also all the concentrated beef tea she could take. This plan was pursued with a view of controlling the convulsions, quieting the nervous system, and exciting increased secretion from the kidneys. If the received opinion is

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correct, that pressure of the gravid uterus upon the renal veins, is the chief cause of puerperal convulsions, by which *urea* or carbonate of ammonia is not properly eliminated from the blood, and hence blood poisoning affecting the brain and nervous centers, then the indications were to stimulate the action of the kidneys as much as possible. November 1st, seven o'clok A. M., (second day after parturition,) found the patient had passed a comparatively comfortable night, after the cessation of convulsions at eleven P. M. Pulse quite small and feeble, respiration rather irregular and sighing, extremities warm, capillary circulation better, countenance flushed, pupils much dilated, (probably in some measure from the effects of the belladonna,) abdomen very much distended, giving out the clear drum-like resonance on percussion, no urine voided, lochial discharge profuse. Drew off two and a half pints of urine with a catheter, gave emulsions of turpentine with castor oil in proper quantities, at intervals during the day, applying freely over the distended abdomen, ointment of oil of turpentine. Continued solution of acetate of potash, alternated with infusion of buchu leaves, also extract of belladonna, the latter at longer intervals than before. At evening found the patient much improved, pulse stronger, somewhat accelerated, skin moist. The oil and turpentine, aided by injections, had moved the bowels sufficiently; abdomen still very much distended, and much tenderness on pressure over the hypogastric region. Drew off a pint or more of highly colored urine as it was at first. Pupils still dilated. Continued treatment, giving less belladonna at longer intervals, combining with the latter Norwood's tr. veratrum viride. Friday morning, November 2d, seven A. M., found the patient had passed a comfortable night, and that she evinced for the first time since the evening of the first attack, some little intelligence, in recognizing the voices of her mother and her husband, much troubled with optical illusions, (probably in part from the effects of belladonna,) the eyes still turned up obliquely, as they were during the convulsions, Complains that objects are greatly magnified, "a human hand appearing as large as an ordinary chair;" says, "she thinks she will be confined soon, and suggests that the doctor be called," etc. When told she had given birth to a living child, said, "the child was deformed," was certain its hands were not "natural," a vagary she had been troubled with for months before confinement, as I subsequently learned. Some febrile action of an intermittent type ensued, which yielded to proper doses of sulphate of quinine. Her intelligence continued to improve as time wore on; the tympanites subsided in a week or ten days; the bladder had to be emptied once or twice a day for four or five days after parturi-

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tion; the use of diuretics, such as acetate of potash, emulsions of balsam of copaiba, was continued for some weeks; the urine gave evidence for quite a length of time, of excess of uric acid and albumen, and crystalline sediment of reddish color was deposited. Much pain was experienced by the patient in voiding urine, just before and after the flow; the pains were usually referred to the neck of the bladder and the *meatus urinarius*. No lesions of these parts could be detected, and the pains were probably the result of altered sensibility of the parts. This difficulty is not well overcome at present, (December 10th,) but is gradually subsiding. Some tumefaction of the lower extremity of the left side ensued, as there had been of both prior to confinement, and there was also partial paralysis of this limb, greatest in the calf of the leg and sole of the foot, underneath the metatarsal bones, owing no doubt to the pressure of the gravid uterus on some plexus or nerve center. This was not referable to the spinal cord, else both extremities would have been affected. This paralysis has not yet disappeared, but is gradually "fading out." At present manifests itself in *partial* loss of sensibility and motion, and considerable soreness of the parts on pressure.* The secretion of milk began on the sixth day after parturition, and has been abundant since. The *lochia* were about as usual, perhaps not quite so free. The patient sits up most of each day at the present writing; can walk with a "limping, halting gait." Her appetite is excellent. The child is very healthy, and exempt from undue nervous excitability or convulsive tendency.

Such was the happy termination of a most frightful case of *toxæmia*, or blood-poisoning of this type, a large per centage of which proves fatal, demonstrating to the medical man his professional impotency and utter inability to stay the ravages of the "fell destroyer" ruthlessly striking down, (happily not often,) those of a sex, the most refined and cultivated, the chief adornment of our social circle, the light and life of our homes, while fulfilling her duty, from which there is no escape, *the propagation of the human race.*

Some reflection on the cause and pathology of puerperal convulsions will conclude this report. *Uræmia* consists in disturbed action of the two nervous centers, the *brain* and *spinal cord*, producing either coma, partial or complete convulsive paroxysms. These disturbances are directly traceable to the action of the peculiar poison constituting *uræmia*, on nervous centers, and are pretty conclusively demonstrated to be produced from the accumulation

* At the return of the warm weather of Spring, the patient entirely recovered the use of her partially paralyzed limb, and she is now, August 1st, 1867, in the enjoyment of excellent health.

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of *urea* in the blood. Whatever may be the other causes which operate in producing this peculiar kind of blood-poisoning, it has been conclusively shown that pressure upon the *renal veins*, thus obstructing renal circulation, is the chief cause. During gestation there is more or less pressure by the gravid uterus upon the renal veins. Statistics show that more cases of eclampsia occur in primiparæ than in multiparæ. In the former the abdominal walls are less yielding and relaxable than in the latter. In primiparæ, the impregnated uterus is more nearly in the same line with the axis of the superior strait of the pelvis, hence the greater would be the pressure on the renal circulation, and in proportion as the abdominal walls relax and loosen their original tension, (as in multiparous females,) and thus permit a departure of the uterus forward from the direct line of ascent, will this obstruction of the renal circulation by pressure of the uterus be lessened.

In the above case, although not a primiparous patient, twelve years had elapsed between the birth of the last child and the one preceding it. During this time would not the muscles of the abdomen have regained much of their original firmness? The patient informed me that during her last period of gestation, the child in utero appeared to "stand up straight," and that there was not the enlargement of the abdomen that existed in her second gestation. Do not these facts throw some light on the cause of the attack in the case here reported?

NOTE.—The following synopsis of a case similar in many of its features to that of Mrs. B., is rather a remarkable coincidence, as occurring in the person of a *full cousin* of Mrs. B.

June 15th, 1867, Mrs. P., aged 27, *primipara*, of nervous temperament, was taken in labor at three A. M., and soon after was attacked with violent convul ions, which continued more or less severe until five o'clock P. M. on the 16th, when she died. I was called in consulta ion on the first day of the labor. The patient was delivered by forceps about four o'clock on the 15th, of a living healthy child, but was never conscious after the first attack. The *urine* was the same in character, and nearly suppressed as in the case of Mrs. B. After parturition the case was quite promising of a favorable termination, but the impression upon the brain and nervous centers was so profound and overwhelming that the patient did not rally.

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Syphilitic Paralysis of Accommodation. By JOSEPH G. ROGERS, M. D., Madison.

The following rather rare case is reported as illustrati g one of the vagaries of syphilis, that Proteus among diseases: ——— ———, 30 years old, small, not vigorous, presented himself in the following condition: Right eye normal; left eye, circumorbital pain; large dilation of pupil; inability to read the largest print clearly nearer than six feet. Ophthalmoscope discovered nothing abnormal, either in retina, choroid, or refractive media, but simply that the latter were adjusted for static refraction (distance) only, and that dynamic refraction could not be induced by any effort. With No. 8 convex glass, vision was rendered normal for the fixed distance of eight inches, the artificial equivalent for the lacking dynamic refraction being thus supplied.

There being no intraoccular lesion, or paralysis of muscles of globe, lids, or face, it was reasonable to conclude that there was an interruption of innervation of ciliary muscle, and iris, somewhere in the neighborhood of ophthalmic ganglion, anterior, that is, to the subdivisions of the 5th and 3rd pair of nerves which supply those muscles before mentioned. The character of this interruption was indicated with some degree of certainty by the previous history of the patient. He stated that he had been treated a year before for constitutional syphilis. No signs present, excepting small ulcer on tongue, and condition of eye. This latter was unhesitatingly referred to an induration or nodosity somewhere in back part of orbit, lower side, just anterior to sphenoidal fissure.

Wafers of the Calabar bean were introduced, and soon reduced the size of pupil, and enabled the patient to read at eight inches with a No. 14 glass. The influence of the bean being only palliative, on third day it was stopped, and glasses were used when it was necessary to see well at the usual near point. Gave six grains of iodide of potassium in a gill of water, three times a day, and an ointment of sulphate of morphia to annoint lids at night. Improvement began in three days. Gradually the glasses were lessened in power, until at the end of two months they were no longer needed. As the accommodation improved, the mydriasis disappeared. It was necessary once or twice to omit the iodide, owing to gastric irritation for a day or two. During the last month, gave iron and cinchona with the potassium, alternating daily. At end of third month, paralysis of ciliary muscle was cured entirely. Patient, however, for safety, continues to keep himself slightly under the influence of the remedy.

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Veratrum Viride—Is it a Heart Stimulant? By T. S. GAY, Versailles.

The article in the September issue, "*Veratrum Viride a Stimulant*," by S. D. Turney, M. D., attracted our attention in several particulars.

It is not our present impression that the profession will agree with the author, "that in almost every article that has yet been published, an erroneous view has been taken of its action," nor can *all* endorse his conclusions, that it is adapted only "in the latter stages of acute diseases, or where the violent reaction has subsided and the heart is failing from exhaustion."

A brief review of these positions, and the recorded experience, may show more satisfactorily the position of the profession, as well as the conditions in which veratrum is indicated and used.

The doctor says it has hastily been called a *depressant, a sedative, an adjunct to, or substitute for the lancet*, and "with the avowed intention of lessening the force of the heart."

This is certainly a misapprehension and an erroneous view of the medical literature upon this subject.

From Professor Tully in 1830 to the present time, many articles have appeared upon the action and adaptation of veratrum, and with a most remarkable uniformity of agreement; among which may be found the names Norwood, Aran, Paul Delacy Baker, Davidson, Allen, Zeigler, Atherson, Vedder, Barker, and many others, stating its prominent action to be in controlling *the frequency*, (and not force,) of the heart's action, and diminishing nervous excitement—all agree that it is a *sedative to this frequency* through the nervous centers. And most of these with all later observers also agree in its adaptation equally in *acute* and *chronic*—in the *asthenic*, as well as what is termed *sthenic* forms of disease—*first* as well as *last* stages.

Dr. Zeigler announced as his experience, a short time after the attention of the profession was called to the use of the drug, (and which has since been corroborated by many thousand repetitions,) that it was a principle "that as the frequency of the pulse diminished, the volume increased." And Dr. Woodard, an intelligent observer, in some remarks upon the subject, in 1860, pointed out clearly the fallacy of the fears and supposition that inasmuch as it diminished the frequency of the heart's action, that it would also depress its physical force.

And veratrum is now, and has been, esteemed by the profession as being worth all other articles combined in the treatment of *acute diseases*,

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but not in the light of a *lancet*, nor a *depressant*, nor with the "avowed intention of lessening the force of the heart."

Even C. Handfield Jones, in his first experience with the remedy in the most acute inflammatory diseases, was ready to cry Eureka, declaring a corroboration of the very favorable testimony of his American brethren. Is all this, and the untold experience of its beneficial influence in acute forms of disease, contradicted by any observation, that it is not indicated that "it may do, and sometimes does, serious injury?" And should it, in the face of facts, be *held in reserve*, to be brought up at the close of the engagement, "when the pulse grows rapid and the heart beats with feeble impulse, and death is threatened from the exhaustion of the organ?" And is not the reason assigned for withholding it in the earlier stages of disease quite as much at variance with facts?—to wit, that by so doing we *increase the already excessive action of the heart.*

It is erroneous intuition, and is contrary to observation and experience with the drug, and well established principles in physiology.

Frequent and violent action of the heart can not occur at the same time. It matters not whether the conditions which augment the frequency exist physiologically or pathologically, the force of the heart's contractions will bear *an increase ratio to that frequency.*

The experiments of Hering and others, show conclusively that this is the unvarying law governing the central and motive power of the circulation.

Therefore, which shall we say: *that the heart is slowed by increase of muscular force*, or, that muscular force is *increased* by virtue of *diminution* of its frequency?

This involves all contained in the idea of *heart stimulant.* No one, we think, will say, because the cessation of violent exercise diminishes the frequency of the heart's action, and an increase of its muscular force follows as the legitimate and natural consequence, that the *cessation* is a heart stimulant. Nor can any, with more reason, claim for veratrum a like classification, even in the last stages of pathological conditions.

If speaking for the profession we would say, while certain it can be used safely and beneficially in all acute diseases showing an increase in frequency of the heart's action, they are equally certain that it is indicated in other conditions, and especially so in all stages of debility—the heart having frequency, and consequently want of force. And they are of one opinion that this empirically of itself proves it no heart stimulant; that its action is not upon the heart at all; but all the phenomena of the

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circulation are the consequence of primary impression upon the nervous cells or centers.

We are pleased to know that the therapeutics of veratrum viride is pretty well understood in this country, and the place assigned it by common consent is perhaps as near in accordance with rational medicine as our nomenclature will admit.

Gonorrhœal Rheumatism.

[Our readers have doubtless been interested in the case of gonorrhœal rheumatism, reported in the last number of the JOURNAL, by Dr. Griswold. The subjoined views of one of the leading French authorities, which we should have presented last month, will be found interesting in connection with that report: they are remarks made by Alfred Fournier in a discussion in the *Societé Medicale des Hopitaux de Paris*, which is fully reported in the *Archives Générales de Médecine*, March, 1867.—T. P.]

Fournier believed in the specific nature of blenorrhagic rheumatism.

1st. The blenorrhagia, or more properly the urethral affection, is not only the occasional cause of rheumatism; it is the efficient, direct, necessary cause. 2d. The articular or other complications of blenorrhagia are very different from simple rheumatism, very different as to symptoms, as to localizations, as to evolution, as to possible complications, as to future consequences, and hereditary transmission, etc., whence can be inferred an essential dfference between these two maladies.

The following characters distinguish them from each other: 1. The recognized and established cause of an attack of simple rheumatism is the influence of cold, or of a rheumatic diathesis. From personal researches, M. Fournier affirms that cold or moisture are absolutely foreign to the manifestations of blenorrhagic rheumatism: nor has an hereditary or acquired arthritic diathesis any more influence. The cause of these manifestations is the blenorrhagia, and we see patients who, independently of any preceding cause, have rheumatism with each new blenorrhagia.

2. The symptoms offer differences not less marked. Blenorrhagic rheumatism is oftenest apyretic, or if there should be fever, it is less intense, less persistent than in simple rheumatism; it is neither accompanied with the profound depression, nor with the sympathetic phenomena which are observed in acute rheumatism. Blenorrhagic rheumatism is quite often mono-articular, or at least it is never generalized over the system to

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the same extent as simple rheumatism; often it is almost indolent, or quite in character with a true arthritis it is exceedingly painful; it is much more fixed; it does not offer those sudden or rapid *delitescences*, frequent in common rheumatism; resolution takes place with greater difficulty, and often leaves behind a hydrarthrosis which is rare in the last; finally, the blood does not present the buffy coat so constant in acute simple rheumatism.

3. The complications in the great serous membrames, which simple rheumatism develops, are as rare, as exceptional as possible in blenorrhagic rheumatism.

In return, this has a very curious localization, which fails in simple rheumatism: it is ophthalmia, not that which results from the contamination of blenorrhagic pus, but that form known as metastatic, or from internal cause, essentially benign in comparison with the preceding, almost always affecting both eyes, and passing from one to the other with remarkable mobility. In forty-five cases, M. Fournier has observed seventeen in which there was association with articular symptoms.

The evolution, the duration, the terminations of the two maladies equally differ.

As to treatment, while general remedies succeed best in simple acute rheumatism, on the contrary, in blenorrhagic rheumatism local means, (local blood-letting, blisters, painting with tincture of iodine, absolute immobilization, etc.,) are efficacious.

Finally, recurrences are very frequent in each disease, but under very different conditions. Simple rheumatism recurs under causes the same as those which have produced a first attack: cold moisture, etc., or from constitutional disposition. Blenorrhagic rheumatism, on the contrary, repeats itself only as the result of a new blenorrhagia.

From the establishment of these differences, both numerous and radical, continues M. Fournier, I believe myself authorized to conclude: 1, that a blenorrhagic rheumatism is not a simple rheumatism supervening as an incident in the course of a blenorrhagia; 2, that it has its own individuality, and ought to be distinguished nosologically from simple rheumatism.

If in certain complex and difficult cases there appear to be strong analogies between the two diseases; in its pure and simple forms, blenorrhagic rheumatism has a physiognomy so peculiar that it is recognized at once by the practitioner of a little experience.

After having thus presented the different arguments which demonstrated, in his opinion, the specific character of blenorrhagic rheumatism,

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he next inquired if the name given it represented the true idea we should have of the disease.

The name *rheumatism*, because consecrated in medical language, should be preserved, and in addition, blenorrhagic rheumatism is a special mode of this complex morbid state called rheumatism. As to the term *blenorrhagic*, when we consider that this term is badly defined, and has been applied to affections very different from each other; and that, on the other hand, rheumatism far from manifesting itself indifferently in all diseases called blenorrhagic, is never observed but with a urethral blenorrhagia, it would seem essential that the urethra must be involved in order that the rheumatismal manifestations should be produced.

Comparing, then, these accidents with those which simple excitation of the urethra can cause, such as intermittent febrile paroxysms, suppuration in different parts of the body, arthrites even, M. Fournier thought that the rheumatism called *blenorrhagic* could be a manifestation of the same sort, and like them be a reflex phenomenon of urethral irritation. It was less a *blenorrhagic*, than a *urethral* rheumatism; the author proposed the adoption of this name.

Anesthesie. From the French of M. Tardieu, Paris. By Wm. Mason Turner, M. D., Philadelphia.

By anæsthesia, or palsy of sentiment, we understand the complete abolition, or noticeable diminution in the general sensibility. Anæsthesia is oftenest nothing more than a symptomatic phenomenon, almost always united to a paralysis of motion, and dependent on a lesion of the nerve centers; sometimes, however, it is more isolated, and is accompanied by a neurosis, such as hysteria, or a special affection, as elephantiasis, acrodynia, or lead poisoning. In the first case, the anæsthesia may perhaps be general; that is to say—sensibility may sometimes be abolished in every part of the body; but ordinarily, whether or not it be accompanied by loss or paralysis of motion, the decrease in sensation is limited to one limb, or to a point limited by the tegumentary surface. A case has been noted in which anæsthesia existed in the entire right half of the body, the head and neck excepted, coincident with a paralysis of motion in the opposite side, (*O'Brien.*)

Anæsthesia may also constitute an essential malady independent of all organic lesion, and uniquely characterized by functional trouble of a sen-

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sitive nerve. Notwithstanding, under this form, anesthesia may be a very rare affection, yet under this head especially, should we study it, in laying bare some of its general characteristics, when we search into one of the most common varieties—*anæsthesia of the face.*

Idiopathic anæsthesia is always partial, and on account of its circumscription, perfectly defined by the sensitive nerves, it stops at the median line. It is generally ushered in by an unpleasant tingling, or by an increasing numbness, accompanied by a sensation of cold, in the affected part; sensibility is obtuse—the touch, very much impaired, appears not normal, except when in direct contact with a body. After a time of greater or less duration, and a progress sometimes very slow and tedious, and rarely by accident subsiding, sensibility is entirely lost; the anæsthesia then is generally circumscribed by the superficies of the face, or by the commencement of the mucous membranes. The part may then not only be touched, or pinched with considerable force, but it may be even cauterized, without awakening the consciousness of the patient. But if we press more deeply, and include in our grasp the subcutaneous tissues, we may sometimes reäwaken the sensibility, and occasion certain muscular contractions, and sometimes cries, which denote pain. Sometimes even when, although we may pinch, bruise, or even tear the skin from a part without determining any sensation, it suffers simply to lay the hand lightly, though *evenly* on the affected part, and the patient will recognize it at once; which proves beyond a doubt, that the sensation of resistance is physiologically distinct from simple contact, notwithstanding the two impressions are more or less *en rapport.* Anæsthesia does not ordinarily extend to deep parts until there is a loss of motion. Anæsthesia rarely persists constantly in the same degree, but alternates with painful twitchings, or sensation of extreme heat; spontaneous phenomena, and moreover, always transient, to which succeeds an insensibility yet more complete.

Anæsthesia, in abolishing total sensation, entails on the sufferer, in the generality of cases, a trouble more or less marked in movement or motion, which defys assurance and precision. Lesions, which may supervene in the insensible parts, although they determine no pain, are sometimes modified in their march.

Nutrition itself, may be disturbed in those parts, subject to the influence of the sensitive nerves, in consequence of the lesion of the fibres, called gray, or organic, which preside over the acts of nutrition and secretion, and which belong especially to the nerves of emotion. It is thus that, perhaps, by fault of innervation, or perhaps, by a deficiency in the capil-

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lary circulation, the temperature may be lowered, in anæsthesia, and the abolition of sensibility may lead at length to atrophy of the muscular fibre itself, which loses its organic characteristics and its proper irritability.

The *seat* of anæsthesia can, in this manner, be very readily and very clearly indicated, by the exact circumscription of the parts which it occupies, and the nature of the functional troubles which it develops. But it is often much more difficult to determine essential anæsthesia, by a cause well marked, and to determine it from the symptomatic. Nevertheless, there are certain diagnostic signs which it is useful to observe. It is not rare in symptomatic anæsthesia, that the paralysis of sensation succeeds to a pain, more or less vivid, and that it may be, as in the present case, limited to a nervous branch. We have said also, that it coincides often with a paralysis of movement; in every case, we see that it readily extends itself to the neighboring parts of the face, or of the trunk, by example, to one of the limbs; sometimes on the contrary, from the extremities to the trunk or the head, and notwithstanding some exceptions, it offers in general in its march, an increasing progression. This is not so in the generality of cases in essential anæsthesia, inasmuch as the one constitutes a prognostic sign, indicating trouble in diseases of the nerve centers, and inasmuch as the other, circumscribed by a functional lesion, by the extremity of the sensitive nerves, is ordinarily of but little gravity.

As for the means to awaken sensibility in the parts where it is, it may be diminished or perhaps abolished, they are entirely subordinate to the cause which has produced, or which keeps up the anæsthesia. It is, then, of paramount importance to establish, by a rigid diagnostic, the nature of the complaint before attempting to arrest it by any particular mode of treatment. We can only say, in a general way, that our therapeutics consists entirely in a local excitation practiced directly over the spot where exists this sensational paralysis. It is in this affection that we especially see the use of electricity, and those numerous agents, such as friction, irritant applications, aromatic and other fumigations, which can reanimate nervous action.

Reproduction of the Crystalline Lens, after the Operation for Cataract. Translated from the French of M. le Dr. Desmarres, Paris. By Wm. Mason Turner, B. Ph., M. D., Philadelphia.

I have observed many times during sixteen years, and particularly in the last six or eight years of my practice, that persons on whom has been performed the operation for cataract, are necessitated, after a few months,

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to change their glasses for those of a feebler power. They become tired of using these lunettes, which until now had been so useful, and prefer to employ the naked eye, notwithstanding their vision was considerably confused. Weaker glasses, ranging between sevens and twelves, should replace the number fives which has been first employed for seeing at a distance, and number four, five, and even six, for reading.

This fact, which is relatively an exception, appears to me to be referable to the reproduction of the crystalline lens, in regard to which researches were made in 1824, by Doctors Coeteau and Leroy d'Etiolles, and later by Haumann, Rostock, and the brothers Textor, of Würzburg. In the work of Coeteau and Leroy d'Etiolles, the experiments were made on the hare, the cat, and the dog, and it is impossible to entertain the doubt that the crystalline can not be reproduced between the sixth week and the sixth month afterwards. M. Haumann has studied this question by means of experiments and observations, and he has discovered that the capsule secretes a new crystalline, which remains incomplete, and does not form in reality until after several months, especially in young persons. Among old people, the secreted substance is still more incomplete. The author would ask if this secretion is nothing more than a temporary result, and if it would not be reabsorbed after a longer time; but if one should judge by the permanency of the shrinking of the focus, which I have observed in man, and especially as shown in the researches of M. Textor, in which the crystalline has been found reproduced after five, seven, and thirteen years, we can not entertain the doubt as to the definitive reproduction, however incomplete, of the lentil, after the operation for cataract.

M. Textor terminates his *brochure* with these interesting remarks:

1. After having raised or displaced the crystalline, there forms, under certain conditions, a new crystalline, more or less normal.

2. The mould of the crystalline is the lenticular capsule; a diseased capsule can not reproduce a healthy transparent crystalline.

3. The capsule being extracted or depressed, regeneration of the crystalline is no longer possible.

4. The crystalline material is readily separated from the capsule; whence it results that a second regeneration, after a second operation, does not appear impossible; but it is not further proved by experiment.

5. The regenerated crystalline has the same clearness and the same transparency as the normal crystalline, but its consistency is somewhat less; it does not appear to blur the vision by false refraction.

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6. A certain length of time is necessary to the regeneration of the crystalline. The shortest interval observed in man is six months. Among animals, it appears that a small quantity of the crystalline material has been formed even in the second week.

7. The new crystalline appears to augment in density, firmness and quantity, more and more, with time.

8. The form of the crystalline depends on the lesion of the capsule.

9. The lenticular capsule was transparent in every case of regeneration of the crystalline observed, and was scarcely obscured under the influence of spirits of wine.

10. The depressed cataract, which should be perfect, or divided, is dissolved in the vitreous or aqueous humor.

11. M. Pauli pretends that the regeneration of the crystalline does not appear after couching, but only after extraction. This is not correct.

12. Regeneration of the crystalline appears to be the cause that some operated upon, can see, after a little time, by the aid of glasses less and less strong.

Medical Coroners—(Continued from the August Number.) By Hon. J. W. Gordon, M. D.

Case 2.—An inquest held on the 21st of September, 1866, at the S— House, "over the body of *O. A. S.*, who was supposed to have come to her death by violence." The following is the testimony of the examined before the Coroner and jury.

Mrs. M. C. testified: "I have often heard the deceased make threats, but did not think that she meant it. She had a kind husband, and I knew of no reason she had for committing the act. (I) have been acquainted with her since we were children. She has been in the habit of using opium for the sick headache. (I) have heard her make threats of destroying her life if things did not go to suit her. She was complaining yesterday afternoon of sick headache. She did not go to breakfast. (I) went to her room and found her lying in her bed. Her lips and hands were very purple. I was satisfied that she had been taking morphine, or laudanum. She was not conscious when I found her. It was her disposition to want to take her life, when in trouble of any kind."

B. C. testified: Have heard her make threats, several weeks since, to take her life. She has been in the habit of taking morphine and laudanum for the sick headache. Don't know that she took any thing of the kind last night or this morning.

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N. H. testified: Have heard deceased say she would as soon take her life as not. This was when she was in trouble. Did not know what her troubles were.

T. C. H. testified: Have been boarding with the deceased since they have been keeping this House; and never knew of any trouble between her and her husband. They have always been agreeable as far as I know.

J. S. McC. testified: Was boarding in the house when they took it. Have been boarding here ever since. She and her husband have always been agreeable as far as I know. Never heard of any trouble between them.

Dr. ——— testified: Was called to see the deceased about 9 o'clock A. M. Found her under the influence of a narcotic which I supposed to be opium; and was told by the ladies that she had taken laudanum, as they supposed. The husband also was present, and stated that he supposed she had taken laudanum, as she had been in the habit of taking laudanum and morphine to excess. A search was made and a bottle of laudanum was found, in a wash stand in her room, which was partly full. She was completely stupefied—her pulse was intermitting. From the condition of her *sistum* indicated that she had taken laudanum several hours previous to my being called. *I found her wholly unable to swallow any thing.* I used stimulants externally, and in the mouth, *until she was unable to swallow, after giving suitable remedies, which produced reaction for a time. I, also, gave her an emetic which operated pretty freely;* but I did not discover the smell of laudanum from what was ejected from the stomach. I am satisfied that she came to her death from taking too much laudanum.

Verdict: "Came to her death by an over-dose of laudanum administered by her on hands."

Case 3.—Inquest held August 16th, 1866, over the dead body of *W. D.*, who was supposed to have come to his death by violence:

Miss W. N. testified: That deceased is her brother-in-law. (I) came here last night and found him sick with chills and fever. Did not know where he got his medicine. A doctor called as a friend, but left no medicine. He took some medicine out of a bottle on the bureau; but I did not notice which bottle he took it out of. Know of no attendant physician. After taking the medicine he seemed to be very much distressed, and vomited considerably. In about half an hour after taking the medicine he seemed to be very sick for about ten minutes, and then seemed very cheerful until about one o'clock, when he covered his head with the

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quilt; and I supposed he was sleeping, when I heard him making a noise as though he was snoring. When his wife uncovered his head, he remarked in a faint voice that he was very week, and expired. From the time that he covered his head until he was dead was from five to ten minutes. His hands and feet were warm with the exceptions of the tips of his fingers. I did not notice any foaming at the mouth.

Mrs. J. A. S. testified: Knew of no physician attending on the deceased. Was sent for about noon to call and see deceased's sister who had arrived from New York. I arrived at Mr. N.'s between twelve and one o'clock—about twenty minutes before he died. I rubbed his hands while he was dying. They were warm for some time after he was dead.

The doctor who visited the deceased as a friend was sworn as a witness, but for some reason not given did not testify.

Verdict: "Came to his death by an over-dose of *Medison* bought of some man unknown."

Case 4.—Inquest over the dead body of an infant child, "supposed to have come to its death by violence."

F. D. testified: Yesterday evening a stout woman was seen during the hours of eight and nine o'clock, with a small child about six years of age with her, standing about thirty feet from where the deceased was found. The first I saw of the deceased was about half-past six o'clock this morning. The woman looked as if she had a bundle under her shawl. She had on a dark-colored bonnet.

M. F. H. testified: I know nothing except seeing the deceased this morning, about half an hour ago. I do not know of any one that was likely to have been confined lately.

W. B. testified: I know nothing of the case.

A. B. and R. J. testified: We know nothing except seeing the deceased lying on the ground.

Verdict: "Came to his death by violence by back of his head being mashed in, and signs of strangulation, by some persons, or person, unknown."

Case 5.—Inquest over the dead body of a child, who was supposed to have come to her death by *causeality.*

L. P. testified: The child was well as usual on last evening, and I put it to bed about seven o'clock. About eleven o'clock, I came home to go to bed. The child was lying on its face, *dead.* The child was cutting teeth, and *a few days ago, I gave it some soothing sirup.* It was always a very healthy child. The child's name is *H. P.*

Mrs. M. M. corroborates the statement of *L. P.*

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M. C. testified: About eight o'clock I started home, and heard a faint noise and stopped and listened, and found it was the child and went into the room, and found it covered with the feather bed. I took the feathers off, and started home, and the child began to cry very hard. I went out and didn't return till about eleven o'clock. The child was dead when I returned. I know of no cause of the child's death.

Dr. S. D. McC. testified: "I give it as my opinion, from the indications of the body, and what I learn from those who were present when the child, *H. P.*, was found, that she died from suffocation."

Verdict: "Came to her death by, from, some cause unknown to the jury."

Case 6.—Inquest over the body of *S. B.*, supposed to have come to her death by violence.

E. B. testified: Deceased came to my house on last *tuesday* and complained of being sick. But eat her *super*, and slept as *ushual.* nothing unusual took place on Yesterday but *Last Knight* she was very sick, and wanted to see her mother. she also told me she had taken some *medicen;* and we found *A* vial containing *L*audanum in her trunk; she also told me she had *Bought* some *medacen* and told the *drugest* she wanted to kill *Rats;* but said she had taken it *her self* on sunday. Deceased had *ben* seduced. I asked her how *Long* she had went and she said six months and a half. we sent for a doctor this morning but he *didnot* come *till* she was dead.

N. H. testified: Deceased lived with me for over two years and Deceased got in the *famuely* way by one George Mcmulleg she became *deprest* in *spirets* and I got her away.

J. W. M. testified: He *dos* not know any thing about the death of deceased.

Verdict: "Came to her death by an over *doce* of some kinds of medacene Laudanum being one and the other unknown, and we do further find it was *adminestered* by her own hands."

The foregoing cases have been taken, without selection, from several hundreds on the files of the Clerk's office of one of our most populous counties; and it is my purpose to show, by an analysis thereof, that, in every essential respect, there is a total absence of all the information to be looked for, in an intelligent inquest, in respect both to the legal and medical bearings of each case. The verdict is, in every instance, a perfect *non sequitur.*

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PROCEEDINGS OF MEDICAL SOCIETIES.

Proceedings of the Medical Society of West Virginia—First Semi-Annual Session.

The Medical Society of West Virginia began its first semi-annual session in the city of Wheeling, Wednesday, October 2d, 1867. The members assembled according to announcement in the hall of the House of Delegates, at 2 o'clock P. M., at which hour Dr. John Frissell, of Wheeling, President of the Society, took the Chair, and Dr. James E. Reeves, of Fairmount, assumed his duties as Secretary.

Rev. D. W. Fisher, of the First Presbyterion Church, by request of the President, addressed a fervent petition to the Throne of Grace.

The roll was called by the Secretary, and following gentlemen responded as present:

Ohio County—W. E. Allison.

Wheeling—B. W. Allen, Richard Blum, E. W. Bingell, James Cummins, R. H. Cummins, John Frissell, President, J. C. Hupp, E. A. Hildreth, A. S. Todd, H. J. Weisel, and W. J. Bates.

Fairmont—J. H. Brownfield, J. M. Lazzell, J. K. Berkebile, and James E. Reeves, Secretary.

Morgantown—H. W. Brock.

West Liberty—J. M. Cooper.

Preston County—Wm. M. Dent, Wm. Frey, and F. C. Sheppard.

Monongalia County—G. W. Dent.

Mannington—Jesse Fowers.

Marshall County—Thomas F. Marshman.

Tyler County—I. T. Nicklan.

Moundsville—John W. Nay.

Cameron—B. Parkinson, J. W. Pipes, and S. B. Stidger.

Clarksburg—J. W. Ransay.

Triadelphia—S. H. Storre.

Wetzel County—Jacob Young.

Grafton—M. C. Dougherty.

Dr. John C. Hupp, of Wheeling, Chairman of the Committee of Arrangements, being called upon by the President, said:

Mr. President and Gentlemen: I feel extremely gratified in meeting you on this occasion. As Chairman of your Committee of Arrange-

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ments, it is my pleasure, as well as my duty, in behalf of the profession and citizens, to tender to you their respectful salutations.

We are happy in being honored with this your first semi-annual meeting.

You have come up here from the mountains' slopes and from the valleys of our young and prosperous State as conservators and administrators of all our sanitary knowledge.

You are each individually commissioned and set apart to the exercise of medical skill, humanity, and a life of self-denial—*commissioned to stay the pestilence, to go and "heal the sick."*

Governed by the principles that the "association of persons engaged in the same pursuit facilitates the attainment of their common object," you have *organized* a society for the promotion of your mutual improvement and the cultivation of good fellowship.

This society, with its officers and members, is the beginning of a perpetual succession, instituted by the Medical Profession of West Virginia, "for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness."

Laudable purposes these when inspired, as you are, by the purest motives and having views of the widest range of beneficence. The State has vouchsafed to this Society no power to execute its mandates, *nor will it ask for any;* but on the contrary, it *must* and *will* "rely on the union, enthusiasm and scientific labors of its members."

Trusting that your deliberations will be characterized with that true spirit of harmoniousness, and "taking the liveliest interest in that great cause in which we are all embarked, I greet you with a welcome, warm, cordial and sincere."

I am directed by the Committee of Arrangements to make the following announcements:

The meetings of the Society will be held in the House of Delegates in the Capitol building, commencing Wednesday, October 2, at 2 o'clock P. M.

The Committees of the Society will meet in the Senate Chamber in the Capitol building, on the floor below.

Wednesday, October 2, 7 o'clock P. M., Governor Boreman on behalf of the State, and Mayor Sweeney on behalf of the city, will address the Society words of greeting.

Excursion to the Fair on Wheeling Island, Thursday, October 3, at 2 o'clock P. M.

Private reception by Dr. and Mrs. R. H. Cummins, on Thursday evening, from 8 to 10 o'clock—Market street.

The President then delivered his address—Dr. Jesse Flowers, first Vice President, in the chair.

PRESIDENT'S ADDRESS.

Gentlemen of the Medical Society of West Virginia: It affords me great pleasure to welcome you on this occasion to our city. It is a source of personal gratification that I have, by your kindness, the privilege of

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addressing you at this first regular meeting of the Society since its organization. I trust, as we meet from time to time for medical consultation, for mutual improvement and free professional intercourse, we shall find the interest in the meeting increasing; its numbers gradually becoming larger, and everything in the interest of this Society moving on prosperously and to the satisfaction of all.

* * * * * * * *

Medicine, like every other science, is imperfect, but the more a man knows of his prof ssion, the more likely will he be, other things being equal, to save life in every curable case.

There is a general feeling with the profession that a high standard of preliminary education should be adopted, but how high that standard should be, is a question about which there is a wide difference of opinion; and that difference varies much with the standard and character of the profession in the different cities and sections of the country from which these various opinions proceed.

* * * * * * * *

But we perhaps are not just now prepared to place our standard so as to require, in every case, a collegiate education. I do not speak of the matter here for the purpose of making suggest ons, but to call the attention of the Society to it, hoping that they will, at some convenient time, give it such attention as the subject deserves. To make the profession useful and respected in this State—by those competent to judge of its character—it must adopt a high standard of professional merit, and it must be persistent in supporting that standard. It may be well to appoint a committee to investigate the whole subject of medical education in this State, who shall report at some future meeting of the Society.

I wil trespass upon your patience no longer.

I trust that nothing but harmony and good feeling will prevail at this meeting, and that when we separate we shall all be able to say that this has been a happy and a useful meeting, and one which we shall remember with pleasure all the balance of our lives.

On motion of Dr. Flowers, the Society tendered a vote of thanks to the President for his admirable address.

At the suggestion of Dr. Bates, the Constitution of the Society was read for the information of those members who had not heard it, and to refresh the recollection of others.

The Society proceeded to the election of new members, when the following gentlemen were nominated, balloted for and chosen:

On nomination of Dr. James Cummins: Drs. E. H. Moore, of Wellsburg, Sample Ford, of South Wheeling, and Daniel Forney, of Bethany.

On nomination of Dr. Lazzell: Dr. Presley B. Ogden, of Worthington.

Dr. Hildreth presented, through the Secretary, a letter from Professor Theophilus Parvin, M. D., editor of the WESTERN JOURNAL OF MEDICINE, Indianapolis, expressing good wishes for the Society, and requesting a copy of the proceedings for his journal.

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Dr. Hupp presented a letter from Dr. William B. Atkinson, of Philadelphia, permanent Secretary of the American Medical Association, congratulating the profession of West Virginia on their successful organization.

On motion of Dr. Stidger, leave was given to Dr. Young to introduce to the Society, the next morning, the case of a gentleman from Wetzel county, Mr. Springer, who is suffering from an affection of the eyes, which Dr. Young thought would afford an inquiry of some interest to the medical gentlemen present.

Dr. Bates offered the following:

Resolved, That a committee of three be appointed, with Dr. Brock as Chairman, to report to this Society on the expediency of petitioning the Legislature to enact a law for the compulsory registration of births, deaths and marriages.

Dr. Reeves moved as an amendment that the petition also ask the law to include compulsory vaccination.

Amendment agreed to, and resolution as amended adopted.

This Committee was filled by the appointment of William J. Bates, of Wheeling, and E. D. Safford, of Parkersburg.

On motion of Dr. Hupp, it was

Resolved, That when the Society adjourn, it be to 7 o'clock in the evening, and that the hour of meeting to-morrow morning be 9 o'clock.

Dr. Hupp said it was understood that Governor Boreman, on behalf of the State, and Mayor Sweeney, on behalf of the city, would address the Society, in the way of welcome, at the evening meeting.

The Society then adjourned.

EVENING SESSION.

The Society reassembled in the evening.

The President introduced to the Society Mayor Sweeney and Governor Boreman.

His Honor, the Mayor, responding to the introduction, said his words would have to be few. He had no speech to make, and no one, indeed, he was sure, expected one. It afforded him very great pleasure, however, to welcome them to the city, in his capacity as chief magistrate of the city, and to say to them that in their laudable undertaking he wished them every success. He understood the object of the Society to be the collection of statistics and such general information in reference to matters connected with the medical profession within the State, as well as of general value, importance and benefit to themselves, to the public, and to humanity. In this, of course, all must unite in wishing them God speed.

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If it should at any time be in his power to afford the members of the Society, either collectively or individually, any assistance or facilities which might be acceptable to them, it would afford him very great pleasure to do so; and he had no doubt he expressed the sentiments of the people of this city when he said the same for them.

Hoping, as he had said before, that the Society would be successful in accomplishing all the purposes for which it had been organized and assembled, he again welcomed them most heartily to the city.

The President introduced Governor Boreman, with the remark that His Excellency was quite unwell, and they had probably been expecting more from him than he would be able to give them.

The Governor said he had intended to make some remarks to the Society, in the way of welcome on behalf of the State, if that was necessary, though they were all citizens of the State, and any of them had as much right to welcome this body as himself. But he was very unwell, and his condition would not admit of any speech at all. He would, however, return them his thanks for the invitation he had received from the President of the Society, and express the pleasure which he had experienced in knowing the fact that there is an organization of this sort in the State. Every such organization for the advancement of our people, intellectual, moral, and material ought to cheer every friend of the State, and all the people of the State should do what the could to promote organizations of this character. He was not physically able to speak to them further, and begged the Society would accept the will for the de d, and excuse him.

Dr. Young moved that the thanks of the Society be returned to His Excellency, the Governor, and His Honor, the Mayor, for their presence here, for their expressed sympathy for the Society, and for their kindly words that had cheered them. Agreed to.

Governor Boreman, rising to acknowledge this compliment, remarked that it was only the great respect he had for this organization that brought him here this evening. He had been quite unwell three or four days, and had been lying down during the afternoon, and it was only the respect he felt for the Society and the interest he felt in its objects that constrained him to be present under the circumstances.

Mayor Sweeney also returned his thanks for the complimentary vote, and with the Governor, asking to be excused, retired,

The President said that, although it had not been contemplated to transact any business this evening, he thought, since they had some time

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on their hands, it might be occupied with reading of papers, if any were prepared.

Dr. Nicklin, of Tyler, read an interesting paper on the subject of fracture of the thigh-bone, and followed it with observations on various medical subjects.

A paper on sanitary science was read by Dr. Blum, of Wheeling, which was deemed of so much value that the Society adopted a resolution requesting the city papers to publish it, and the papers throughout the State to copy it.

Dr. Hupp moved the appointment of a committee, to report at the next meeting of the Society, on the subject of sanitary science. Agreed to.

The President appointed the following Committee: Dr. Blum (Chairman,) Dr. Nicklin, and Dr. Wilson, of Martinsburg.

Dr. Bates gave an outline of a very interesting case he had recently treated, in which diphtheria had been accompanied with croupy symptoms, and the patient had thrown off extraordinary amounts of pseudo-membrane. The case terminated fatally with paralysis gradually extending to the heart. The patient had been treated by inhalation of lime, which had evidently given great relief.

Dr. Reeves referred to a case which occurred in his practice in 1859, published in volume I of the *Proceedings of the Pathological Society of Philadelphia*, pp. 239–246, in which there was *Expectoration of Bronchial Casts.* He reported the case to the Pathological Society through Professor S. D. Gross, and the specimen furnished was regarded as quite remarkable for its size and perfectness; the subject of this case still living and in excellent health.

Dr. R. H. Cummins said everything connected with that frequent and fearful disease—diphtheria—was worthy of attentive consideration and study, and thought Dr. Bates' case one of unusual interest to the profession. He verbally reported a case in which the disease attacked the scrotum.

Dr. Reeves had seen *three* fatal cases of cutaneous diphtheria in his practice in Barbour county, during the year 1858. In these, the disease attacked the feet and ankles, without any well marked development of fibrinous exudation about the the throat. He had seen also a few cases of vaginal diphtheria; and in one instance had observed the pudenda of a little girl covered with the characteristic exudation, without any apparent trouble in the throat. This patient recovered. He claimed that paralysis, to a greater or less extent, was by no means infrequent, both as an accompaniment and sequel of diphtheria—e. g., the difficulty in swallowing.

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liquids, and the nasal tone of the voice during the course of the disease; and after seeming convalescence, weakness of vision or absolute loss of sight—loss of power to use the limbs. He reported the case of a law student, æt. 20, who, after a severe attack of diphtheria, and so far recovered as to be able to be out of doors, suddenly became weak-sighted—unable even to read *large print*, and during the next twenty-four hours, lost the use of his lower limbs. The patient was put upon the use of large doses of tr. Mur. Ferri with Quinine; tr. Quassia, Cinchona and Nux Vomica, under which treatment, aided by galvanism, he recovered in twelve months.

Concerning the use and value of inhalations of the vapor of lime in diphtheria, and croupous forms of disease, Drs. R. H. Cummins, Hildreth, Brock, and Hupp engaged in discussion.

Dr. Hupp said he had recently employed the vapor of lime in a case of pseudo-membranous croup, with the greatest benefit to his patient, and he was disposed to give it further trial.

Dr. Weisel inquired if any of the members had had experience with hyphosulphite of soda in the treatment of diphtheria.

On motion, the Society adjourned, to meet at the hour before agreed to.

SECOND DAY'S PROCEEDINGS.

The Society reassembled agreeably to adjournment at nine o'clock this morning—the President, Dr. John Frissell, in the chair.

After reading the minutes, Dr. Bates nominated for membership Dr. George Baird, of Wheeling.

Dr. Pipes nominated Dr. J. M. Curtis, of Marshall county.

Both of which gentlemen being balloted for, were elected *mem. con.*

Dr. Lazzell then read his essay, entitled "Stimulants in the Treatment of Acute Diseases."

Dr. Brock was called and reported progress with his essay, and he had leave to make his report at the next meeting. To atone, in part, for the absence of his report, he read notes of a case of cystic tumor, occupying the locality of the left ureter, which was tapped through the vagina. There was no *post mortem* report, and the merits of the case were fully discussed by Drs. R. H. Cummins, Hildreth, and Reeves.

Dr. Brock presented a paper showing the various disabilities and diseases under which the members of a militia regiment in Monongalia county had been exempted from militia duty in 1863. He remarked that this paper possessed no special interest now, but suggested that similar compilations, if systematically made, would prove interesting and useful.

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Dr. Bingell exhibited a very remarkable human fœtus of three months, having two heads, two legs, three arms, and one cord.

The Secretury read a letter from Dr. James E. Kendall, an absent member of the Society; also, one from Halley McCoy, begging permission to be heard before the Society, with the view of explaining his professional status.

The letter did not indicate the nature of the proposed statement; but the President said he understood that Dr. McCoy, having fallen into some irregularities in his practice, desired to explain the reasons and circumstances under which the irregularities were committed.

On motion of Dr. Lazzell, a committee of three was appointed to report upon the claims of Dr. McCoy—whereupon the Chairman appointed Drs. Lazzell, Bates and Nicklan.

Dr. Bates, before the committee retired, desired to make a suggestion respecting their Constitution. He said the time and circumstances of its adoption precluded a careful analysis and consideration of its various provisions at the Fairmont session. There were some provisions in it that did not meet his approbation. The eighth clause of the first section provided for semi-annual meetings. He thought these too frequent to be of much service to the profession. It would be difficult to get full meetings so often, and the Association would gradually languish. The second section provided that five members should constitute a quorum for the transaction of all business. That seemed to him to be exceedingly lax. No two successive meetings were to be held in the same place. That was very well; but a succession of meetings might be held in localities not so easy of access for a large proportion, who might not be able to attend, so that gradually the direction and control of the Society would fall into the hands of five or six men; which he thought would be very objectionable.

Dr. Lazzell concurred in the views of Dr. Bates. He thought further, that there was too much of the Constitution. The Constitutions of the Medical Societies of Philadelphia and Baltimore were about one-third as long.

Dr. L. proceeded to remark that some dissatisfaction had arisen in the Society from the manner in which a portion of the members had been admitted. At the close of the meeting at Fairmont, and after the adoption of the Constitution and By-Laws, the Society numbered but twenty-two or twenty-four members. The Constitution and By-Laws prescribed that members could be admitted only upon their election by ballot. There had been no meeting of the Society from then until now, but they

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had about double the number of members mentioned on the roll now. How did they get in? The Secretary told them that an arrangement had been made with the President that some leading physicians who had been originally invited to assist in organizing the Society were to be received by paying the fee of membership. That was all very well. These members who had been taken in irregularly were as worthy members as any in the society; but their admission was irregular, and it was necessary to give it the sanction of the Society in some way.

He moved that this action of the Secretary and President be ratified by the Society, and that in compliance with the Constitution, the question be taken by ballot.

Dr. Bates said when the conference in reference to organizing this Society took place here last winter, it was first proposed that a call be issued in the press of the State. Objection was made that the call would be too broad, and embrace too many persons, and that many claiming to be regular physicians, (who were not,) would come forw rd and take part in organizing the Society. The next best and the safest method was to issue the call in the form of a circular, and after obtaining, by the best means practicable, the names of the most reputable regular physicians in each county, to send circulars to them. That was done. It might be possible that among the names furnished, were some persons not worthy, but he was not aware of any such. Only a part of the persons who received this circular attended at Fairmont. Those who did attend adopted a Constitution and By-Laws. If those who failed to attend, had done so, they would have been members of the Society just as the rest. He did not think, however, that the course now proposed by Dr. Lazzell would cast any censure on the Secretary of the Society, or others who sent out these certificates of membership. It was in a sense irregular, though not improper, and in order to prevent any future difficulty, it would be well to take a vote and in the bulk ratify the membership.

Dr. Reeves, the Secretary, said that at the Fairmont meeting, twenty-one responded to the call for the purpose of organizing the Society. In the haste of adjournment, many things were forgotten. After the adjournment, Dr. Bates suggested the names of Drs. Cummins and Baird, and others who were not present, and were therefore not members *de facto*, but, as he maintained, were members *de jure;* and a tacit understanding was had that the same privilege which Dr. B. wished extended to the Wheeling profession, should be extended to the professlon throughout the State. He therefore addressed a letter to those to whom the circular had been sent, informing them that their certificate of member-

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ship would be forwarded on receipt of the admission fee. This was responded to by twenty-five or thirty gentlemen. In doing this, he had no doubt of the propriety and correctness of his action. He was actuated solely by a desire to promote the welfare of the Society, for it had engaged his whole heart and feeling; and it was the proudest reflection of his life that he had something to do with organizing it.

Dr. Lazzell's motion was agreed to upon a ballot, and the action of the Secretary in forwarding certificates of membership to those to whom the circular of organization had been addressed, was unanimously ratified.

Dr. Bates moved, and it was agreed to, that when the Society adjourn it be to half-past six this evening.

Dr. Reeves exhibited a cystic mammary tumor or colloid cancer, removed by Dr. Stidger and himself, on the 16th of last August, from a patient residing near Cameron, on the B. & O. R. R., and gave the following verbal history of the case:

Mrs. C., æt. 49; average weight 135 lbs.; dark hair and eyes; married at the age of 20, without children, never having been pregnant; menstruated regularly and without difficulty up to December, 1866, since which time she has not been *unwell:* no hereditary taint in her family; has always enjoyed excellent general health. When quite a girl she noticed a small tumor, the size of an almond, in the left breast, which she attributed to a bruise of the breast while engaged at a weaver's loom. The tumor was painless, and did not increase in size perceptibly until within the last four years. During the early part of the year 1863, she "found a *new born babe* in the woods," placed within her walk, no doubt, by the mother, knowing it would be kindly cared for by this humane lady. Curiosity led Mrs. C. to put the babe to her breasts, and soon an abundant supply of milk was the result; and she continued thus to nurse the child until it was three years of age. But before the child was *weaned,* she noticed that the size of the tumor had markedly increased, and that the entire left breast was considerably larger than the right. She now consulted Dr. Stidger, of Cameron, who gave her the benefit of paintings of iodine, alteratives, compression of the tumor, etc., but which failed to diminish the size of the tumor, or arrest the rapid growth of the entire gland; and by January, 1867, the breast was so large and troublesome, because of its great weight, that she was compelled to wear suspensory support. At this date the tumor was slightly nodulated to the feel, and movable; and throughout its entire course there was no retraction of the nipple—no unnatural appearance of the skin—not the least tenderness on pressure, nor on handling the breast in any manner: no pain complained

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of at any time—axillary glands and lymphatics not affected—no constitutional disturbance—sleep undisturbed, and appetite good. Six months later, and six weeks previous to the removal of the tumor, an abscess made its appearance a little below and to the right of the nipple—the skin gave way at this point, and the tumor thrust itself through the opening to the size of a half orange, from which there was constantly a slight oozing of blood. The operation was performed in the usual manner for removal of the breast, with but little loss of blood—but six ligatures required to arrest hemorrhage; and in four weeks thereafter the patient was entirely well.

The tumor—weighing *six pounds and a half*—was submitted to Messrs. Allen and Bocking, of Wheeling, for microscopic examination. On laying open the tumor, it was found to contain cysts of various sizes, filled with a jelly-like substance—some of them *milk*. Dr. Allen furnished *three* microscopic drawings, which were presented to the Society for inspection. The 1st, showing the ordinary oil globules, and large granular *colostral* corpuscles, which are said to be found only in cases of recent delivery, or where there is some organic lesion in the gland. The 2d exhibiting the *cells* found in a jelly-like substance, and enclosed in little sacs, the sacs themselves being collected in bunches like grapes, and having all the characteristics of *colloid cancer*. The 3d, showing the cells found outside of the tumor.

Dr. Reeves referred to the rarity of colloid cancer of the breast, and quoted from Gross, Fergusson and Erichsen, during his remarks.

On motion of Dr. Reeves, the following was adopted:

WHEREAS, the study of Microscopy has become absolutely essential to a correct understanding of Pathology, and the proper appreciation of disease; and that all attempts to cultivate this science should receive the encouragement of medical men, therefore

Resolved, That we welcome the assistance tendered by Messrs. Allen and Bocking, of the city of Wheeling, in the study of Microscopy, and we heartily commend them to the attention of the profession of the State.

On motion of Dr. Todd, it was

Resolved, That Dr. B. W. Allen be requested to submit, at the next meeting of this Society, a paper on the use and importance of the microscope to the medical profession.

The President remarked that the hour had almost arrived when the City Railway Cars, according to appointment, would be in waiting in front of the *McLure House* to convey the members of the Society to the Fair Ground on Wheeling Island; and he hoped they would be in readiness at the *McLure House* promptly at two o'clock, P. M.

On motion of Dr. Brownfield, the Society adjourned till evening.

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EVENING SESSION.

The Society re-assembled at six and a half o'clock, P. M.

The President stated the first business in order to be the discussion of the question proposed at the Fairmont Convention, "Is progressive locomotor ataxy a distinct disease from general paralysis?"

Dr. Weisel moved that the discussion be postponed until the next meeting. Agreed.

The President announced that a committee of one from each county represented would be appointed on climatology and epidemic diseases, with Dr. Hildreth as chairman.

This committee was subsequently filled as follows: Elias S. Bronson, Buckhannon; U. N. Mackay, Morgantown; James H. Brownfield, Fairmont; A. G. Clark, Parkersburg; James H. Mansun, Kingwood; J. M. Cooper, Wellsburg; L. K. Charter, West Union; Wm. H. Sharp, Grafton; J. E. Kendall, Wirt Court House; John G. Wilson, Martinsburg; Jacob Young, New Martinsville; B. Parkinson, Cameron; J. W. Ney, Moundsville; James Putney, Kanawha Salines; William E. Allison, New Cumberland.

The President appointed the following committee on medical necrology: Drs. Cummins, Ney, Safford and Young.

On motion of Dr. Hildreth, it was ordered that a special committee of one from each county represented, on the subject of the medical botany of the State, be constituted.

Of this committee Dr. Todd was appointed chairman, with James M. Lazzell, Fairmont; William Frey, Brandonville; G. W. Dent, Monongalia Co.; Wm. M. Dent, Newburg; J. W. Pipes, Cameron; J. T. Nickline, Middlebourne; G. W. Bruce, Moundsville; Elias S. Bronson, Buckhannon; R. W. Hazlett, Ritchietown; L. K. Charter, West Union; and, on motion, the President, John Frissell, and H. J. Weisel, of Wheeling.

Dr. Lazzell, from the special committee on Dr. Halley McCoy, reported that the committee had had an interview with that gentleman; that he confesses very frankly he has been guilty of irregularities in medicine, and, in fact, been pretty quackish in times past, but says he is satisfied he has been wrong, expresses a good deal of penitence on the subject, and promises to "sin no more;" promises to stick to legitimate medicine hereafter, and be governed by the code of ethics of the profession. The committee suggested that Dr. McC. be allowed to make a statement to the Society.

Report adopted. [Dr. McCoy did not appear during the evening.]

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On motion of Dr. Hildreth, it was resolved that all the proper bills against the Society be audited and paid by the Treasurer.

On motion of Dr. Young, it was

Resolved, That a committee of five, of whom Dr. Bates shall be chairman, shall be appointed to alter or amend the constitution and by-laws of the Society, and that they shall report at the next meeting.

The chairman filled the committee by the appointment of Drs. R. H. Cummins, John H. Storer, James M. Lazzell, and James E. Reeves.

Dr. R. H. Cummins nominated Dr. R. W. Hazlett, for membership, and on ballot he was elected.

Dr. Ney nominated Dr. G. W. Bruce and E. H. Thomas for membership, and they were elected.

The following resolution was offered by Dr. Robert H. Cummins, and unanimously agreed to.

Resolved, That the thanks of this Society are due and hereby tendered to its officers, and to the officers of the convention at Fairmont, for the satisfactory discharge of their duties.

Responding to this compliment on behalf of the officers, Dr. Reeves said:

Mr. President and Gentlemen:—As one of the officers of the Society whose services are recognized in the resolution offered by my friend, Dr. R. H. Cummins, and which you have just supported so heartily, I feel that you will allow me a few words in response.

I am very sensible of the value of your good opinion of my services in the cause of legitimate medicine and surgery in West Virginia. To know that my services are approved and valued by those whom I have accepted to serve, furnishes the surest incentive to continued industry. But, sirs, it required not this positive assurance of yours to encourage a continuation of my interest in the welfare of the Medical Society of West Virginia, whose origin and progress I have watched with so much solicitude, so much heartfelt anxiety.

A few months since I beheld our honorable and adorable profession in West Virginia, unorganized, working at random—without the privileges of the highest professional respect and public esteem—without the intellectual and social advantages within its reach, and I determined that, if possible, this state of things should no longer exist—that the charge of *slothfulness* should no longer attach to its record. The better and more surely to accomplish this good end, I begged the coöperation of several gentlemen at different points in the State, as the call sent out to the profession on the 28th day of last February, for a State Medical Convention, will show; and from no place did I receive so much valuable assistance as from the city of Wheeling; and without which I should probably have failed in my effort. At every step I received the willing and active aid of the Wheeling brotherhood, whose large minds, willing hands—and I might add, liberal pockets—engaged heartily in the work of separating

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the *true* from the *false*—thus elevating the standard of medical and cal science in West Virginia. To them, therefore, belongs most of the credit of our present improved *status;* and posterity will gratefully remember them.

The Medical Society of West Virginia is now one of the permanent institutions of the State, and must wield an influence in the highest degree beneficial upon the profession and the public at large. Already the fruits of organization are most encouraging. Our membership now numbers sixty names, among which are to be found a majority of the best men in the State; and the number will continne to enlarge until every man claiming respectability in the profession in the State will be included. An enlightened public sentiment will *command* him to this *forum*, where his talents will receive a just premium, and from whence his honors, if he possess them, will shine all the more brightly.

Gentlemen, the future of the Medical Society of West Virginia is full of rich promise; and the present harmonious and profitable meeting will be but the beginning of even better things in store for us, if we continue to discharge our duty faithfully; if we remain true to ourselves and to the profession whose keeping is in our own hands. I know you will guard well its fair escutcheon. I know you will work earnestly to uphold its honor. The little craft which was hewn out at Fairmont, and cut loose from that quiet mooring on the 10th of April, I think is worthy of your highest confidence and best energies to keep her afloat, for she bears the *seal* of the Ship of State, and will prove no less enduring. She has been borne to this very hospitable port by pleasant breezes, where she has completed her first semi-annual voyage, and cast anchor for a few days in order to obtain a renewal of supplies. During her successful voyage she touched at Cincinnati, and was there recognized and welcomed by the master builders of the profession in America, and some of her crew were not only handsomely and profitably entertained, but through them West Virginia was honorably and permanently niched in the American medical temple. Soon she will set sail for an *annual* port, freighted with many anxious wishes for a successful voyage, and I know, gentlemen, you will continue to aid your humble Secretary in keeping her sails set fairly, squarely, and prosperously to the breeze.

On motion of Dr. Hupp, it was

Resolved, That the thanks of the Society are hereby tendered to the Baltimore and Ohio Railroad, and the Hempfield Railroad Companies, for their commutation of fares to the members attending this session of the Society.

Also on motion of Mr. Hupp, it was

Resolved, That the cordial thanks of this Society be and are hereby tendered to Granville D. Hall, Phonographer, for the full and faithful report he has voluntarily made of its transactions during its sessions about to close, and to the editors of the *Intelligencer* and *Register*, newspapers of this city, for their characteristic liberality in publishing the transactions of this Society.

On motion of Dr. Stidger, it was

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Resolved, That the thanks of the Society be and are hereby tendered to the citizens of Wheeling for their kindly appreciation of legitimate medicine and surgery.

On motion of Dr. J. H. Storer, it was

Resolved, That every proposition for amending the constitution, shall, on being seconded, be handed up in writing to the chair. It shall then be audibly read by the Secretary, after which the Society shall, at its next regular meeting, take a vote on the proposed amendment, and it shall require for its adoption, the votes of three-fourths of the members present.

Drs. Storer and Baird were appointed essayists, to report at the next meeting.

On motion it was voted that Grafton be the next place of meeting.

Committee of Arrangements for the next neeting—Drs. Dougherty Kennedy, Thayer and Sharp.

The President announced that it was now half past eight o'clock, and that Dr. and Mrs. R. H. Cummins, were, no doubt, in readiness to receive the Society, whereupon, on motion of Dr. Bates, the Society adjourned to meet at Grafton on the first Wednesday in April, 1868.

The Tippecanoe County Medical Society.

This Society held its third quarterly meeting at Lafayette, Ind., October 3d, with Dr. Thos. Chesnut, President, in the chair.

The members present were Drs. Van Vorhis, Cady, O'Ferrall, Chesnut, Powers, Beasley, Keiper, Wilson and Wallace.

The Board of Censors having recommended Dr. J. Spalding, of Chauncy, as a suitable person for membership, he was by vote of the Society unanimously elected.

After the transaction of some miscellaneous business, the President announced the reading of an essay by Dr. W. F. Cady, on "*The Opiate Treatment in Delirium Tremens.*" Dr. Cady said:

A knowledge of its *pathology* is necessary to a rational treatment of any disease.

Sixty years since, Bell and Hall had not made and published their discoveries, that have since thrown a flood of light, where all was darkness and doubt.

With fewer opportunities, the American physician, Anno Domini 1800, was quite as active and enterprising in the pursuit of a knowledge of the healing art, perhaps, as is the medical man of to-day; it becomes the latter, therefore, while he sounds the note of warning against what he has come to recognize as erroneous in the teachings and traditions of the past, to do so, being void of a vain spirit of criticism, and in all humility.

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No lesions of the brain or cerebro-spinal system have been discovered to explain the mental aberration and loss of control over voluntary muscular movements, that characterize *delirium tremens*, and we are left to conclude that these disorders are but the phenomena of mischief present at some distant point, and we only find the evidences of organic change in the stomach and digestive viscera from which to account for them.

Every observing physician, even of limited experience, has probably been impressed with the fact, that, not only is the stomach at fault in delirium tremens, but that the liver and kidneys are profoundly torpid, and the more intelligent inference seems to be that this semi-paralysis affects the functions of the organs concerned in the elimination and secretion of the materials by which the body is repaired, and its vital power sustained.

In discussing the morbid movements of the disease in question Professor Williams remarks that "*the drunkard drinks and starves:*" for the past twelve years Bennett, in the Royal Infirmary of Edinburgh, has treated delirium tremens as a disease of *nutrition*, without the loss of a single case, and however urgent may be the appeals of the nervous system, the medical man reads and observes in vain. who does not see that the rational treatment of this disease is that which, while refusing to grapple directly with its insomnia, mania and tremors, applies itself to arouse the abused and prostrate digestive power, and by thus doing attacks the enemy at those points where morbid changes inform us organic mischief is at work.

Symptoms have too often proved but false lights to those, who, by them alone, have sought to discover the nature and treatment of delirium tremens.

To a point of time almost within the remembrance of the older members of the profession, they taught a false nosology, and caused the disease to be classed one of the *phlegmasiæ*. As phrenitis, it was attacked with the most heroic depletion. Empiricism began to make way for ideas based upon *pathology* and rational observation, and wiser counsels prevailed to place delirium tremens where we all know it really belongs, among affections of the asthenic type.

Before this remarkable confession of error as to the nature of the disease, its treatment had been, at least, *consistent*, but since that time it came to be wild and unreasonable, till at length the veriest tyros in practice came to feel themselves the equals of *Æsculapius* himself, in the management of delirium tremens. And why not, indeed, when most eminent authorities had taught that the product of the poppy was the only agent by which the evil spirit of the cup could be cast out? An "insane impulse" seems to have seized upon the minds of the most distinguished teachers and practitioners of medicine, some sixty years since, under which, by instruction and example, they popularized the use of opium in remarkable quantities, as the sheet anchor in the treatment of this disease. Regardless of its *toxic* or therapeutic history, opium was to be given in sufficient quantities to produce sleep, *coûte que coûte*, for sleep was the *sine qua non* to recovery. Dr. R. H. Coates, one of the cleverest of the *propagandi* of the *papaver somniferum* faith, published an Essay on the subject, and a very able one it was acknowledged to have

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been, in which he does not hesitate to recommend the hourly exhibition of six grains of opium to persons laboring under *delirium tremens*, in order that a sufficient amount might accumulate in the *prima viæ* to produce sleep. (*See N. A. Med. and Surg. Jour. iv.* 214.)

To say that such a use of the drug is "heroic," comes far short of characterizing it as it deserves, for it has proved itself unprofessional, dangerous and deleterious.

Stille's "*Therapeutics and Materia Medica*," contains data sufficient to enable us to know the results of this opiate treatment, and to compel us to stamp it with the seal of condemnation. There we find the following remarks:

"Again, if we compare the mortality of those cases in which opium was pushed to the full extent advised by writers on this disease, with those in which no active remedy was employed, we have a mortality of 1 in 2, against a mortality of 1 in 29." Here then, the presumption is unavoidable, that the treatment carried off 46 per cent.

"Quite recently, Dr. Peacock announced the rate of mortality at St. Thomas' Hospital, under the opiate plan to have been 30 per cent." "Dr. Gerhard states, that under the opiate treatment at Blockley Hospital, the mortality was as high as 1 in 8, and that after it was abandoned, it fell as low as 1 in 160."

Well may such sickening results place the brand of condemnation on the opiate treatment, even in the minds of those who have labored under the monomania that must have affected the most sanguine advocates of the Pierson school. For, however unfavorable may have been the results of treatment according to a mistaken nosology, they were probably far more favorable than they have proved to be when the use of opium has been pursued, regardless of nosology, reason, grace or mercy.

If we attempt a brief *rationale* of this opiate treatment, we must go back to what we know of the pathological conditions of delirium tremens. An exhausted digestive system is followed by an exhausted brain and nervous system. The *par vagum* supplies nervous power to the stomach, heart and lungs, and thus, through this triple mixed nerve the most intimate relationship is established between these organs, and every important gastric disturbance deranges the respiratory and circulatory acts.

As a cause of *delirium tremens*, we have *inanition*, followed by an enfeebled action of the heart, and a diminished and weakened respiration.

A distinguished and practical authority informs us that the *insomnia* always present in this disease is a highly conservative and providential provision, inasmuch as respiration would cease in case of the suspension of the voluntary action that occurs during sleep.

If such be the case, then Nature does for the victim of *mania à potu* just what the intelligent physician does for a case of poisoning by opium. She flagellates to keep him awake, for to sleep is to die from suspended animation. It is an act of mercy although she scourges with scorpions.

With this view of the case sedatives are clearly contraindicated, and *à fortiori* the sedative influence of opium, for it disarms Nature of her lash, then comes the fatal sleep.

Not to notice the claim set up by the defenders of ths opiate plan, of an extraordinary tolerance of the drug in those laboring under delirium

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tremens, might subject one to the charge of unfairness or ignorance. To this claim we may readily answer, that while admitting that the nervous system of the drunkard responds less readily to the influence of opiates, we must insist that there is nothing in the therapeutic or poisonous effects of alcoholic stimulants to warrant the assumption that they give that tolerance of the drug observed to exist in old opium eaters, such a tolerance, in short, as enables the patient to bear up under the hourly exhibition of 2, 4 or 6 grains!

Such a tolerance is really but *apparent;* the presumption being clear that the drug is not absorbed by the benumbed and exhausted stomach until after it has accumulated in a quantity dangerous even in the opium eater, or else, having been absorbed, its narcotic action is masked by the symptoms of the original disease. That there is a loss of gastric power to respond to normal impressions is proven by the effect of remedies, and that the narcotic effect of opium may be effectually masked by the symptoms of delirium tremens will be clear to any one who reads Professor Watson's ingenious description of the death of his patient, a "hackney man." He informs us that his patient "*died comatose,*" "*breathing stertorously;*" "*with blue lips.*" and "*contracted pupils.*" A surgeon's assistant, his kinsman, who gave the case attention, became alarmed and stopped the medicine, for he feared that the man was dying from *narcotism,* in which opinion his superior, Dr. Watson did not by any means acquiesce, for the man had been given only two grains of opium, to be followed by twenty drops of laudunum every second hour; and with apparent consolation the distinguished Dr. Watson states that death from coma is the frequent termination of delirium tremens.

Medical men for sixty years past have held delirium tremens to be a disease occasioned by *exhaustion.* Why, in their management of it they have failed to take due notice thereof, and govern themselves accordingly, we are at a loss to determine. So far however from doing so, they have generally placed their entire trust in opium alone, or in the use of this drug with an alcoholic stimulant; the latter having been given more for its immediate effect upon the nervous system than for the purpose of stimulating the digestive system.

To restore physical power in the worn out tippler, digestion and nutrients must be looked to; any other treatment is vain and empirical. Opium and alcohol have no power to restore wasted tissue, exhausted stamina and nerve power in the man who has drank and fasted to the verge of starvation. The former, even with the sound and strong, destroys the cravings of hunger, and inspires a loathing for food. As to the effects of the latter we give the opinion and language of one of the most eminent and successful pathologists in the old world. * * * * *
* * * * * * * * * * * * *

"The view of its pathology now prevalent is that alcohol, a poison dangerous to life in large doses, is also cumulative, taken habitually in small quantities. Like many others, it is one which especially affects the nervous system, and more particularly the brain, as shown by Percy, Huss and other writers." * * * * * *

"Formerly the treatment used to consist of supplying the accustomed stimulant; but theoretically it is clear that this is tantamount to adding

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coals to fire, and practically it has been shown that patients more rapidly recover under the use of nutrients."

Dr. Wilson remarked, in opposition to the sentiment of the essay, and in favor of the opiate plan of treatment; he believed the treatment by opinm promised more than any plan that had yet been recommended, though not doubting a better might be adopted. Not one in ten of his cases died. He admitted that Dr. Cady had proved his position by the statistics quoted, but was not in favor of such proof being allowed to outweigh personal experience.

Dr. O'Ferrall thought that no one medicine could be suited to all cases of *delirium tremens.* He should be governed in the exhibition of remedies in this disease by the circumstances of individual cases; opium being indicated in some, and contraindicated in others. As a general rule he believed opium was borne well. The condition of the stomach and liver should always be regarded. Nutrients were indicated in proportion to the debility of the patient.

Dr. Powers reported a case in which, after the opiate plan of treatment had failed, and as a last resort three drachms of the tinct. digitalis was given at one dose, and subsequently one drachm every hour. Sleep ensued, and the patient recovered.

Dr. Van Vorhis then reported a case, (occurring in his own practice,) of Umbilical Hernia in Utero. He said:

About the 1st of April I was called to see Mrs. M., who supposed herself to be about twenty or twenty-one weeks advanced in gestation. I found her threatened with abortion, attributable no doubt to an unusually hard day's work, (having been carrying water up a hill, and scrubbing.)

From this time she was almost constantly under my care, being almost continually threatened with abortion until the 22d of July, when I was called to attend her in labor, believed by herself, (and I think correctly,) to be premature, it having been but thirty-six weeks since her last menstruation.

In one hour after my arrival, she was delivered by vertex presentation, of a living male child, weighing three and a half pounds, almost perfectly developed, except the carpal bones and bones of thumb of right side, that were not developed at all.

After separation of the cord, I found, upon examination, the ill-shaped mass I show you, presenting, what I have supposed is a case of arrest of development from umbilical hernia, at about the twentieth week of gestation. This was attached to the same placenta with the other child by a cord about six or seven inches long.

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For about one and a half inches from the umbilicus, the cord was enlarged like a sac, and contained a portion of the fœtal intestines, forced into the umbilical cord, I think probably by the contraction of the abdominal muscles in straining or lifting. The circulation through the cord being thus partially interrupted, the development was almost arrested, although for a time sufficient circulation remained to keep up the vitality.

The other child is still alive and doing well, but has symptoms of imperfect cardiac development.

It should of course be mentioned that Mrs. M. has never borne a perfectly developed child, though this is the fourth. There is one other besides this, alive; a son fifteen years old, who is club-footed.

Owing to the lateness of the hour, the Society adjourned, without remarks upon the case of Dr. Van Vorhis.

J. P. WALLACE, M. D., *Secretary.*

BIBLIOGRAPHY.

The Microscope in its Application to Practical Medicine. By LIONEL S. BEALE, M. B., F. R. S., Fellow of the Royal College of Physicians, and Prof. of Phys. and Morb. Anatomy, Kings' College, London, etc. Third Edition. For sale by Wilkinson & Co., Booksellers, Indianapolis, Ind. No. 26 East Washington Street.

This work is one of rare value to the medical man who has decided to investigate the nature and hidden causes of disease, keep pace with modern progress, and finds it necessary, in order to pursue with advantage physiological and pathological investigations, to become familiar with the use of the microscope.

Much of the advance recently made in medical science is due to the proper employment of this instrument. The patient and persistent Germans have made it contribute much to place Germany in advance in the science of medicine, of other European nations, and thus rob France of the prestige she has until recently maintained in our profession. Even the German butchers have become adepts in applying it to the examination of meats offered for sale in the market houses of Berlin and Vienna, since trichiniasis has prevailed.

The Pathologist and Physiologist of the present day deem the microscope indispensable, as is the telescope to the astronomer. That there

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were good practitioners before its employment in their researches, and will be hereafter, among those who get along without it, is conceded, but might they not have been, and may they not be better by its use?

Those who desire to excel will welcome every new aid that science or art can contribute. The rapid multiplications of the members of our profession admonishes the young practitioner and student of the present day, that merit, real intrinsic merit, is necessary for success. A young man designing to enter a profession, hesitated because he thought the profession over crowded, and sought the advice of Daniel Webster. The latter said, "Yes, they are full, and will be, *but there's always plenty of room in the upper story.*" Could these laconic words, this Spartan-like phrase sink deep into the hearts of the young medical men of this period, becoming their animating and guiding motto, our profession would be vastly enhanced in its value to mankind. It has been the misfortune of the practice of medicine, that so little could be demonstrated and exhibited to the sight. Hence the smooth-tongued imposter is often able to hold, for a time, an even race with the man of science and skill. In surgery such is not the case, and there must be an open test of skill and acquirements. When the microscope and chemical tests are more generally employed by the profession, they will prove weapons against which empiricism can not long contend. When, as in the case of aneurism, a deep seated vessel has to be reached by the knife, and ligation employed—or in case of strangulated hernia, surgical skill of a kind openly tested is required to save life, the pretender shrinks from observation, for such cases admit of no deception by words or assumptions. So in a great measure it may become in practical medicine, if physicians, armed with the microscope and chemical tests, are able to demonstrate openly the exact condition, (as a guide to the use of remedies,) by the examination of the constituent parts of a drop of blood, saliva, milk, urine, pus, sputum, or that of vomited or fœcal matters, secretions and discharges.

It is the fate of young medical men to have much leisure time. An hour each day with the microscope, guided in its employment by this excellent work of Dr. Beale, would secure to such labor a rich harvest of benefits in after years.

The book referred to has over 300 pages of well filled and neatly executed matter, nearly 500 figures and illustrations, showing every object and condition of pathological or physiological value or interest, rendering study and investigation an easy task.

An examination of the work will leave the thoughtful mind in doubt, whether most to be amazed while witnessing a representation and descrip-

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tion of the numberless and wonderful objects which enter into and form the component parts of man, as disclosed by this magnifying agent, or the labor, research and success of the eminent author in the production of such a book. W. S. P.

The Physiology of Man. By AUSTIN FLINT, JR., M. D., Prof. of Phys. and Microscopy, in the Bellevue Medical College, and Long Island College Hospital, etc. D. Appleton & Co., New York.

It is the second number of the series of an extended treatise upon Human Physiology, now in preparation by Prof. Flint. The first of the series was published a year ago, and favorably received by the profession. The leading subjects treated of are presented in distinct parts, each of which is designed to be an exhaustive essay on that to which it refers.

The present volume is devoted to Alimentation, Digestion and Absorption. It contains 500 pages. Dr. Flint evidently intends this, when completed, to be the great American treatise upon every branch of human physiology and whatever pertains to it.

Judging from the fullness and size of the volume before us, covering but three subjects, and the critical, practical and extended manner each part or subdivision is treated, we believe he will successfully and creditably perform the task that has been so well commenced and thus far pursued, and thereby deservedly place himself side by side with the first writers of the age in this branch of science.

The publishers, as usual, present the public with a book faultless in appearance and execution. W. S. P.

Chemistry. By WILLIAM T. BRANDE, D. C. L., F. R. S., and ALFRED S. TAYLOR, M. D., F. R. S. Second American edition thoroughly revised. Philadelphia, HENRY C. LEA, 1867, 8vo., pp. 764.

From *Robt. Clarke & Co.*, 65 West Fourth street, Cincinnati; *William Wilkinson & Co.*, Indianapolis.

This excellent treatise on chemical science comes to us thoroughly revised and enlarged under the supervision of DR. TAYLOR, as his associate MR. BRANDE died in February last after having been a lecturer in London for more than forty years. The marked favor accorded by the public to the former edition of this work will without doubt be extended to this, which has been increased in size by the addition of sixty-eight pages. These are made up chiefly of small additions of a practical character, and are so concise that the volume still remains limited enough to have the character of a manual. New matter has been introduced in relation to

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spectrum analysis, the penetration of metals by gases, chloroform, petroleum, nitroglycerine, aniline colors, etc. All the new discoveries of importance are noticed and references are given, so that the reader who desires to further investigate the subjects may have recourse directly to the original articles. In the appendix is given a comparison of the metric and of the ordinary system of weights and measures with tables, together with the author's views in relation to the old and new system of notation. The ordinary and well known system based on the equivalent, or combining weights of bodies is adopted in the work. This, although not perfect is based upon simple and well known principles, and is capable of expressing all the newer chemical theories, while it is applicable to the older views, which is not always true of the new systems. The work is well written, clear and precise in description, and is particularly valuable in the variety and extent of its information.

The student will often regret the entire absence of illustrations of apparatus; yet their admission would have added greatly to the size and price of the work. The mechanical execution of the volume is excellent being well printed on good paper. J. R. W.

A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M. D., Prof. of Physiology and Microscopic Anatomy in the College of Phys. and Surg. New York, etc., etc. Fourth edition, revised and enlarged, with two hundred and seventy-four illustrations. Philadelphia, Henry C. Lea, 1867. For sale by Robert Clarke & Co., Cincinnati, Wilkinson & Co., Indianapolis.

The advent of the first edition of Prof. Dalton's Physiology, about eight years ago, marked a new era in the study of physiology to the American student. Under Dalton's skillful management, physiological science threw off the long, loose, ungainly garments of probability and surmise, in which it had been arrayed by most artists, and came among us smiling and attractive, in the beautifully tinted and closely fitting dress of a demonstrated science. It was a stroke of genius as well as a result of erudition and talent, that led Prof. Dalton to present to the world a work on physiology at once brief, pointed and comprehensive, and which exhibited plainly in letter and drawings, the basis upon which the conclusions arrived at, rested.

It is no disparagement of the many excellent works on physiology published prior to that of Dalton, to say that none of them either in plan of arrangement or clearness of execution, could be compared with his for the use of students or general practitioners of medicine. The contrast

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was broad. He divided his book into three sections. In the first section he treated of Nutrition; in the second, of the Nervous System; and in the third, of Reproduction. These were redivided into chapters, severally treating of the distinct subdivisions of the section. This admirable plan has been adhered to through all subsequent editions, while not only each section but every chapter underwent such alteration or revision for each successive edition, as seemed to the author necessary to bring the work fully up to the level of physiological science at the date of its publication. The fourth edition has formed no exception to the rule. "Although all parts of the book have received more or less complete revision, the greatest number of additions and changes were required in the second section on the Physiology of the Nervous System." (Preface to 4th ed.)

Whatever will enlarge and enlighten our knowledge of the nervous system will do a good work for the world. The part that this system plays in health and disease has long been a wide field for the display of fascinating theory, wild hypothesis, and imaginative philosophy. A study of the former editions of Dalton was calculated to do much toward the rectification of this evil, and the present one will afford a lesson still more useful in the same direction. The author has incorporated into the text the facts elicited by J. L. Clarke in his investigations of the gray substance of the spinal cord, and those by Dr. J. Dean, on the Medulla Oblongata, etc., which have, he says, "now placed our knowledge of the structure of the spinal cord and base of the brain in a new position, of the greatest importance to the physiology of these parts."

Speed the day when a perfect knowledge of the histology and physiology of the nervous system shall eliminate from our pathology some of the crudities and absurdities with which it has so long been marred and distorted. Meanwhile we shall soften our perplexities and benefit our patients by keeping constantly before our mental vision the truth contained in the following sentence, italicised by our author when defining the function of the nervous system: "*It is intended to associate the different parts of the body in such a manner, that stimulus applied to one organ may excite activity in another.*"

Prof. Dalton does not profess to present an exhaustive treatise on physiological science; he does not undertake to discuss doubtful theories and disputed points; but gives us clearly and succinctly the present state of knowledge in that department of elementary medicine, and the demonstrated facts upon which it rests, "designed for the use of students and practitioners of medicine," and for this purpose his book has no equal in the English language.

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When the elaborate work of Prof. Flint, Jr., on Physiology, (now in course of publication,) shall have been completed and added to the concise book of Prof. Dalton, the public may congratulate itself on the fact that American authors and American publishers have given a more thorough and a more perfect elucidation of the science of physiology than that presented by any other nation whatever.

Our faith in the progress of pathology and in the improvement in therapeutics, rests mainly on the conviction that we shall continue to widen the borders of our knowledge of the normal structure and functions of the human system, and we are free to say that, within our knowledge, no one book will give the inquirer so clear and understandable a view of the present state of its department of elementary medicine as the fourth edition of Dalton's Treatise on Human Physiology. J. F. H.

Health in Country and Cities. Illustrated by Tables of the Death-rates, Sickness-rates, etc., etc., in Country and Cities. By W. F. THOMS, M. D.

Diagram Showing the Effects of the Meteorological Influences on Mortality in the City of New York, 1866. By WM. FAULDS THOMS, M. D., Physician to the New York Dispensary; Surgeon to the Eastern Dispensary; Physician and Surgeon to the Howard Mission, etc., etc., Prof. of Astronomical and Nautical Sciences in the New York Nautical School, etc. etc.

The first of these is a Prize Essay of the American Medical Association extracted from its Transactions and published in a brochure of sixteen pages, for its author. It is made up of a series of twenty-six tables, giving the death-rate in sundry nations,—in city and country,—of persons engaged in various occupations,—after operations,—in fevers,—in obstetrical cases,—in puerperal fever,—among children, etc. Also sickness-rates in various circumstances, together with tables of many other interesting affairs relating to life and death.

These tables are instructive and present many curious facts. They are made up from official records of England and the United States, and their preparation involved much patient labor. One table informs us that the lowest national death-rate is in England and France, (the same for each,) being one death in 47 of population; that the highest death-rate is in Russia, being one death in 28 of population. In the United Stafes there is one death in 45 of population.

Of the cities tabulated, Hartford has the lowest death-rate, viz.: one death in 54 of population, while New York has the highest, one death in 35 of population, though Copenhagen is but little better—1 in 36.

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The whole of the tables will be found valuable for reference in statistical affairs to which they relate.

The second production of Dr. Thoms is what its name declares, a diagram of the meteorology and mortality in the city of New York in 1866. Every thing is diagrammatized now-a-days, from the varying market value of gold, to the irregularities of the human pulse. Dr. Thoms has succeeded by an ingenious use of straight and waved lines on a sheet of paper 14 by 20 inches, in giving a weekly account of the mean height and extremes of the barometer,—the same of the thermometer,—the mean humidity of the atmosphere, with the time and amount of rain, time and direction of the wind, etc., and also the weekly mortality, severally, from all diarrhæal diseases,—cholera,—pneumonia,—typhus and typhoid fevers,—and the total from all causes. These items are so arranged that one can see at a glance the relation they bear to each other. So far as we see, this diagram would be perfect of its kind if it gave the annual means and totals. A series of such papers, prepared from year to year, would be of incalculable advantage to the philosopher and statistician, enabling one to see at a glance what would otherwise take much search and comparison to arrive at. For example, a stroke of the eye along one vertical column will inform us that the 29th week of the year ended on the 21st of July,—that during that week the mean thermometer was - 83

Highest thermometer, - - - - - - - -	102
Lowest " - - - - - - -	60
Mean barometer, - - - - - - - -	29.96
Highest " - - - - - - - -	30.10
Lowest " - - - - - - - - -	29.87
Mean humidity, - - - - - - - -	48
Inches of rain, - - - - - - - -	1.4
Days of easterly winds, - - - - - - -	4
" westerly " - - - - - - -	3
" clear weather, - - - - - -	4
" cloudy " - - - - - - -	3
Mortality from all diarrhæal diseases, - - - -	442
" " cholera, - - - - - - -	48
" " pneumonia, - - - - - -	18
" " typhus and typhoid fevers, - - - -	16
" total from all causes, - - - - -	1,362

The meteorological observations were furnished to Dr. Thoms by Dr. J. P. Loines, and the statistics of mortality by Dr. Elisha Harris. J. F. H.

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The last volume of the reprint of Braithwaite's Retrospect, has been received from the publishers, Townsend & Adams, New York. It is useless to commend this excellent publication. How any physician can afford to be without it, we cannot conceive.

Want of space compels us to postpone until our next issue some other notices, as well as an excellent review of the Transactions of the Kansas Medical Society.

OBITUARY.

George Getz Shumard, M. D.

(A report made to the Cincinnati Academy of Medicine, October 14, 1867, by Dr. J. S. Conner, Chair. Com.)

Dr. George G. Shumard was born at Burlington, N. J., in 1825, but while still a child removed to Cincinnati, where his boyhood and early manhood were spent. Having completed his academic course at Woodward College, he commenced the study of medicine, attended one course of lectures at the Medical College of Ohio, and graduated at the University of Louisville, in 1847. He first located at Albion, Ill., and later at Fort Smith, Ark., where he had his home until the breaking out of the war. A scientific and practical geologist, he made a number of private explorations, and accompanied the Red River Exploring Expedition commanded by Capt. now Brig. Gen. R. B. Marcy, U. S. A., and the "Artesian Well Expedition, commanded by Capt. now Maj. Gen. John Pope, U. S. A. Still later Dr. Shumard was State Geologist of Texas. His various scientific reports made from time to time are well known, and the profession will remember his discovery of an American substitute for Gum Arabic. Having early in 1861 been compelled to leave Fort Smith, he returned to this city, and was soon afterwards appointed Surgeon General of the State. Resigning his position, he was appointed Brigade Surgeon U. S. Vols., August 5, 1861. Serving for a time with Gen. McClellan, he was later on duty in Kentucky as Medical Director. Ordered to Utah in the autumn of 1864, the coming on of winter prevented his going further than Fort Leavenworth, and on the 11th March 1865, his resignation, which had been tendered months before, was accepted. Again for a time he became a resident of this city, but returned to

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Fort Smith, where he spent the winter of 1866–7. In March last he came back here, intending to establish himself in practice, but early in the summer his health began to fail and he left the city to spend a number of weeks in and near Sandusky. Not materially benefitted by the change, he was brought back, and died on the 29th September of general paralysis.

Your Committee would report the following resolutions:

WHEREAS it has pleased an All-Wise Providence to remove from our midst our professional brother Dr. George G. Shumard,

Resolved, That in the death of Dr. Shumard science has lost an intelligent and enthusiastic votary—our profession a faithful and cultivated member—our country a true and honest citizen.

Resolved. That the heartfelt sympathy of the Academy of Medicine is hereby extended to the sorrowing family of our late associate, and the Secretary of the Academy is instructed to convey to them this expression of our esteem and remembrance.

(Signed,) P. S. CONNER, M. D., J. P. WALKER, M. D., A. E. HEIGHWAY, M. D., } *Com.*

On motion the report and accompanying resolutions were received and adopted, and on motion of Dr. Smith, the Secretary was instructed to have the report published in the *Cincinnati Lancet and Observer*, and the *Western Journal of Medicine*.

MISCELLANY.

Comfort for Young Anatomists.—"During my attendance at the Windmill Street school, I worked hard in the dissecting room, and learned a good deal of anatomy. If I did so, however, it must be owned that it was rather as a duty, and because it was necessary to my future undertakings, than because I had any particular taste for the details of anatomical study. I remember some years afterwards dining with a friend, who was a craniologist at the Atheneum, when he told me that he saw that I had the organ of constructiveness much developed, and that this explained how it was that I excelled in the use of my hands, and was an excellent dissector. There was never a greater mistake. I was naturally very clumsy in the use of my hands, and it was only by taking great pains with myself that I became at all otherwise."—*Sir Benj. Brodie's Autobiography.*

Cholera in Italy.—Statistics recently published in Italy show in eight months in United Italy, there were 32,577 cases, 12,901 deaths. Majority attacked were men—15,467 were among the poorer classes. Rates of mortality greater among higher classes, being 60 per cent. of those attacked. Cases few among children. Susceptibility most evident between ages 20 and 35.

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Erysipelas.—Dr. Hewson says that in extensive use of sulphite of soda applied locally, in this disease, the results have been surprising in hospital and private practice, if used before deep planes of cellular tissue had been invaded. Advises ten grs. to an ounce of water, thoroughly applied on lint, over parts affected and considerable distance beyond. Cover with oil silk.—*Trans. Coll. Phys. Phil.*

Curare in Epilepsy.—Dr. Benedikt of Vienna, praises this remedy for epilepsy, used by subcutaneous injections. Reports several cases thus treated and cured. Dose one-eighth grain, under skin of the neck, three times a week. In some cases treatment continued five months.—*British Med. Jour.*

Cost of Diplomas.—French students pay for diplomas in Medicine and Surgery, $145. In Germany fees are lower, and in Italy the highest in Europe.

Obstetrical Teaching in Paris in 1831.—Von Siebold writes that, visiting Paris so late as 1831, he was surprised to find that there existed no public establishment for the instruction of the medical students in midwifery—Paul Dubois, in fact, having organized the earliest means of practical instruction only in 1835. Until then all the instruction derivable was obtained in what were called *salles d'accouchement*, where midwives brought women just about to be confined, and took them away again immediately after delivery. In those days *midwives* announced, by placards, and emblems of all kinds, that they delivered courses of lectures to the students. One of these placards ran as follows: "Madame Dutilleux, *maîtresse sage-femme jurée*, admitted by the Paris Faculty, who has been for a number of years an authorized teacher of Obstetrical Surgery to Messeurs les Elèves en Médecine, continues to give lectures daily throughout the scholar year on the theory and practice of midwifery." "On my asking," says Von Siebold, "why an establishment so necessary for the students was wanting, I was told, on several occasions, 'It would be against morality.' Morality in Paris! Thanks to the efforts of Paul Dubois, this *lacuna* has since been filled. On the other hand, I saw the magnificent Maternité devoted exclusively to the instruction of midwives; and it was with difficulty I could gain admission, and that only after I had displayed to Madame Legrand, the chief *sage-femme*, my titles Obstetrical Professor and Director of an Obstetrical Clinic. Even then I was allowed only so superficial an inspection that I besought Cruveilhier, at that time Surgeon to the establishment, to let me accompany him on his daily visit, which he most kindly agreed to."—*Von Seibold, Lettres Obstréticales traduites par Stoltz.*

The Negroes in Mexico.—In an interesting memoir on the life and services to science of that eminent statistician and anthropologist, Dr. Boudin, read by M. Perier at the Société d'Anthropologie, he states that the 450 negroes placed at the disposal of France by the Viceroy of Egypt, for service in Mexico, displayed remarkable powers of acclimatisation, and made a very pleasant campaign compared with the other troops. They constantly inhabited Vera Cruz and its vicinity, so fatal to Europeans;

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and during nearly four years (from July, 1863,) they remained entirely refractory to yellow fever; and they bore up in a most marvellous manner against the fatigues of an excessive service, to which, under the local conditions, Mexicans, Turcos or French, would have certainly succumbed. These men, for the most part, were from Darfur or Kordofan, and rigid Mussulmen. They were well disciplined, carefully attended, properly fed, and well paid.—*Recueil de Méd. Mil.*, September.—*Medical Times and Gazette, London, Oct.* 5.

Horse Flesh.—A correspondent who dates from Paris, speaks of the increased use of horse-flesh in that city as a fact worth noting. He says: "In passing along the quays on my way to the Marseilles Railway Station, I was struck with the number of stalls bearing the title *boucherie hippophagique*, and, being desirous of making a personal examination of the meat, I begged my Parisian friends to direct me to one of the largest and best establishments of the kind. I was advised to visit one in the quarter 'la Villette,' and soon found myself in the Maison Lébert et Leroy, a copy of whose card I enclose: 'Boucherie de viande de cheval autorisée par le gouvernement, 12 rue de Flandre à la Villette; spécialité de saucissons on tous genres; filets et faux-filets rosbif. Vérifiée, estampillée par le vétérinaire de l'administration.' The place was a nice clean-looking butcher's shop, and, if one had not known it beforehand, the flanks of meat which hung from hooks in the middle of the shop, and the smaller joints and steaks arranged on the counters, might easily have been mistaken for small lean second-rate beef. The attendant was very civil, let me examine everything, and told me that they usually sold at the rate of two horses a day. There was no difficulty in believing this, for customers kept dropping in, each of whom carried off some portion of the meat. Prices were high, ranging from one franc the half kilogramme for the *filet*, and seventy-five centimes for the *faux-filets*, to twenty centimes lor the brisket and tendon. Some of the customers assured me that the meat was better than beef. I may add that on a side table there were bottles of horse-marrow pomade, quite as efficacious, no doubt, as bear's grease. I bought a tongue which I have tasted and found very good."

The Human Voice.—Dion Bourcicault, commenting on the Albert Hall of Science and Art, in the *Pall Mall Gazette*, says:—"The human voice, when speaking with clear articulation and supplied from good lungs, will fill 400,000 cubic feet of air, provided they be enclosed in a proper manner, and the voice placed and directed advantageously. The same voice singing can fill, with equal facility, 600,000 cubic feet. When singing, the vowels are principally used, because it is necessary to dwell upon a note, and we can not prolong a consonant. In speaking, on the contrary, we depend for articulation on the consonants; but their short percussive sound does not travel. When we shout, or in open air speaking, which partakes of shouting, we prolong the vowels, drawling the syllable of each word; but what we gain in sound we lose in clearness of articulation; expression is lost in monotony, because its fineness depends on the infinite variety of which the consonant is capable and bestows on the vowel. Two

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thousand voices, singing or speaking together, travel no further than one voice. They may fill a certain area more completely with that intricacy of waves which, when very troublesome, we call a din; but each voice exerts its own influence on the air, according to its power, and dies away within certain limits. A second voice acts independently, and produces its own separate effect, not fortifying the first, but distinct from it. And so with any number of voices—say 10,000—shouting together, if a single trumpeter were placed among them, the note of his trumpet would be heard clearly at a distance where the Babel of voices would have expired in a murmur. Yet, among the din produced by the 10,000 voices, the trumpet would be inaudible. To illustrate this theory more clearly, it is plain that 2,000 persons can not throw stones further than one person. It is true that the air, within certain limits, will be more full of stones; but they will all come to the ground within a limited area.

A Wolf in Sheep's Clothing.—In Switzerland, a wolf in sheep's clothing has been admitted to the fold of the tender lambs. A young man by the name of Piquilloud, disguised as a woman, and assuming the name of a celebrated American female practitioner, has been practising medicine and surgery, particularly as a specialist in the diseases of women. In this way he was admitted into many families; and the fraud was not discovered until "the concupiscent and luxurious hermaphrodite," to borrow the words of the *Union Médicale*, called upon a hair-dresser to purchase a *chignon*. The impostor was convicted of illegal practice by the tribunal of police of the Canton Vaud, and condemned to a month's imprisonment, "A warning to husbands and too confiding fathers."

Extract from Dr. Broadbent's Introductory at St. Mary's Hospital School.—"But not in sickness only and pain—in nature's last extremity we are called to stand and look on; and the approach of death is impressive even when the mind is confused by delirium or obscured by coma, still more when it is awake and clear. One man meets death in the spirit of the old warrior, who bade them array him in complete armor and place him upright on his feet; he looks the last enemy in the face with undaunted eyes. Another so fears his approach that, when his hand is on every limb, and his mark on every feature, he dare not admit to himself the truth, and the last breath is a whispered 'to-morrow.' One takes what is to him the first 'leap in the dark' without quailing, another with fearful misgiving, while for others happily it is no unknown bourne to which they go, but a long-looked-for haven of peace and joy.

"Are these solemn lessons to be lightly regarded by us because more than once repeated? Shall it be said truly of us that we are familiar with pain and death, and insensible to suffering and sorrow? Familiar—yes! Insensible—no! We must keep our minds unperturbed and calm in the presence even of the fiercest agony, but it need not be that sympathy is extinguished within us. If death is in our experience an everyday event, we need not therefore forget that to the dying man, whose flagging pulse we tell, it is the supreme moment when, all alone, he goes to meet his God; to his friends, the tearing asunder of ties close woven round the heart; and though we must, as men of science, note with cool eye the throes of expiring nature, and register the phenomena of dissolution, we

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need not therefore forget that it is the passing away of a human soul. Keep alive then sympathy with suffering, and tenderness for weakness, and never steel your hearts against the wholesome sentiment of awe.

"And, gentlemen, we owe it to our profession to contribute, so far as in us lies, to the common stock of knowledge. The particular stone we have picked up may be small, and the cairn thrown up by the thousands who have passed by the same way has reached the dimehsions of a mountain. Our pebble may be undistinguishable on the heap, but, so it be our very own, let us add it.

"We are leaves on a stately tree. We can not all be differentiated into flower and fruit, but each of us is responsible for the few fibres of wood he must lay down before he drops off; and it is only by the healthy action of every leaf that the vigor and symmetry of the trunk are maintained.

"May we all, in the autumn of our lives, enjoy the respect and regard earned by an upright and honorable career; may we have the inward consciousness of duty faithfully discharged; and may our work then, near its end, receive the approval of God."

Poisoning by Tobacco.—An inquest was held on Monday last by Mr. Booth, coroner for Staffordshire, at Stoke-upon-Trent, on the body of a respectable grocer, aged twenty-nine, who died from the effects of tobacco. He had been drinking, and put into his mouth the greater portion of half an ounce of tobacco. He would not remove it from his mouth, and he became insensible, falling suddenly, and apparently swallowing a portion of the tobacco. The deceased died in three days. The verdict was according to the evidence.—*Lancet, Oct.* 5.

EDITORIAL AND MEDICAL NEWS.

THE NEED AND THE NATURE OF SELF-CULTURE ON THE PART OF THE PHYSICIAN, are in many instances not fully appreciated by medical men themselves.

With the attainment of their degree from a medical college, great or small, famous or otherwise, some at least of the new-made doctors think that "the book may close over, the lessons are said," and henceforth their chief duty is to put in practice the professional knowledge already acquired; or if this creed may not be translated into conduct thus early in their career, there is great danger that it will be at a subsequent period when they observe the pecuniary successes of a horde of ignorant but shrewd and unscrupulous adventurers in Medicine. Hence their meagre libraries scarcely increase from college days at the rate of a book a year; a single medical journal, "with easy reading," more than sates their thirst for improvement; and the hours that should be spent in the dili-

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gent increase of their professional knowledge, are frittered away in giving or receiving the visits of gossiping idlers, or playing store-box statesmen, intriguing for petty offices or begging political position, or driving cheap bargains in horses or hogs, in stocks or bonds.

Now one great reason for the slow advance of Medicine, and for the low esteem in which the public often hold the office of the physician, is the want of hearty and entire consecration to their chosen work on the part of medical men themselves—while some of them are the merest *bread and butter practitioners*, dollars and cents ruling their professional lives. It is a sad thing when such an one is called "doctor," for he is often "a pestilent fellow," disturbing professional peace and degrading professional character, alienating this physician from that one, and depreciating the abilities of a third, in order to obtain petty practice, or seeking the same end by cunning use of political or religious prejudices—in any way, in short, but by faithful study: the truth is, that those who become "doctors" for the purpose of making money, could find many another occupation that would pay them better. Would that some God-man might cast out forever the money-changers and pill-pedlars from the Temple of Medicine!

However, it is not unto these we write, but rather unto those who are constantly striving for larger knowledge and a higher culture, and who feel that not to advance is a crime against their profession and a crime against humanity.

The importance of self-culture can not be too strongly enforced—a culture which neither schools, nor books, nor medical association alone can give us, but unto which all these essentially conduce; our knowledge thus acquired must be enriched and made fruitful by reflection and by personal experience; and on the other hand, years of experience without such knowledge and reflection are little better than water poured upon the sand, or as barren as the rocks in whose depths the sun's rays quicken no living germ. We are to be fruitful, multiply and replenish the earth with medical knowledge and skill.

But it is not of that culture relating only to intellectual attainments—attainments that may perish if they do not progress—greater tact in the discrimination of disease and in the application of remedies, we wish especially to speak, but rather of the culture of the moral and emotional nature, and the æsthetic development, which we are apt to neglect, if not practically ignore, but which are necessary for the complete medical character. The everlasting hills are very firm upon their foundations, even though no verdure should clothe their rugged slopes, or forests crown

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their summits; and so a physician may be very strong—strong in diagnosis and therapeutics—and yet be destitute of, or at least deficient in, those qualities which win the hearts of sufferers, and make his presence in the sick room a benediction—destitute of thorough conscientiousness, of quick and hearty sympathy, of kind and gentle manners. Very rarely do we meet a medical man, in hospital or in private practice, ranting and raving at his patients, seasoning his prescriptions with oaths, with rude threats and harsh commands, who is regardless of the physical or mental pain he may cause his unfortunate victims; and on the contrary, so far as our observation goes, those who are the highest in our profession, those of the best knowledge and skill and of the largest fame, have been men in whose benign faces and gracious manners could be read the deep sympathy which animated their hearts, and whose every word and act testified to the most considerate regard for those who were called to endure physical suffering. Nevertheless, are we always careful, while avoiding all harshness and unkindness, all rudeness of speech and coarseness of behavior, to cultivate their opposites? Does our frequent contact with suffering render us in the least indifferent to it—so common and familiar as to be trivial—the moanings of disease, and the shrieks of physical agony floating to our ears, and waking no echo in the depths of our hearts? Do we weary of the thrice told—yea, thousand told—tales of aches and pains, aches and pains that many a time we know are the just punishment of violated law; weary of them when our minds are oppressed with anxieties, and our bodies tired with work and deprived of regular repose? We know it is often hard to be patient at such times, to be kind, and faithful, and hopeful, and with words of sincere sympathy to cheer and strengthen the sufferers. And yet, when we remember the command which comes from the highest Christian authority, a command too which has found utterance by one of the best Pagan philosophers, a rule which is golden for its preciousness and endurance, Do unto others as ye would that they should do unto you, we may find light for our darkness, and strength for our weakness. For let the physician imagine himself in the sufferer's stead, and reflect what manner of man in feeling, speech and deed he would desire his medical adviser to be, and then fashion himself unto this model.

Physicians, above all others, should be *gentle-men*, especially as the greater part of their practice is with those who are most sensitive to harsh or rude conduct; while women and children claim so large a share of our ministration, it is peculiarly incumbent upon us to make our whole conduct such that it shall attract rather than repel these, and thus too we

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will acquire a better knowledge of their diseases, and have greater success in the treatment of those diseases.

The physician who daily adds to his store of professional knowledge, constantly cultivates his moral and emotional nature, laying upon the altar of Medicine all the wealth of heart and mind and life, and steadily pursuing one sacred purpose, regardless of the passing malice of enemies and the defection of false friends, may never attain riches—these are the reward of very few physicians—but he will attain a character which, in completeness of beauty and strength, glorifies humanity, and leave behind him, when he departs to that land whose inhabitants are never sick and where there is no more death, an example that shall kindle the zealous imitation of successors, and a memory that shall be forever blessed.

WE PUBLISH the following extract from the last annual circular of Starling Medical College for two reasons: First, lest it might be inferred from the remarks in reference to medical college fees, made in our last number, that this Institution had reduced its fees; and second, because there are some statements contained in the extract that are worth being well considered by physicians. One word still before giving the quotation. The Kentucky School of Medicine charges, we believe, $65, the same as Starling, for a full course of lectures; and the reason for this—it is just to the gentlemen who compose its excellent Faculty to state it—is that, looking largely to Southern patronage for support, they can not expect medical students coming from a country which, in all its material interests, has suffered so terribly from the devastations of war, to be able to pay large fees at present.

"As a matter just now attracting the attention of the profession, and involving its credit and efficiency, the Faculty deem this, their twenty-first announcement, a fitting opportunity for addressing their brethren generally on the subject of 'cheap,' or gratuitous professional instruction.

"It is certain that providing the means of a good medical education involves very considerable expense. To be afforded 'cheaply,' it, like every other product of human industry, must be in the same proportion poor and valueless. Necessarily costly, then, who should bear the expense? Certainly those who profit by it. It is only this outlay in time, labor and money that can give a claim to professional remuneration in after life. No unendowed medical school will or can support the expense and labor for any length of time; hence a resort to gratuitous or cheap lectures can only be a temporary expedient to entice students—on a par with the odious and unprofessional recourse to cheap fees as a means of obtaining patients.

"With regard to endowed schools, the cost is of course borne by the endowment, and we do not now object to this method. There is, however, but one such in the West; a State endowment, intended for the

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citizens of that State, as it is supported by them, and by them attended in quite sufficient numbers for advantageous instruction; its benefits were hardly intended as a charity to others. We cannot suppose it meant that the citizens of Ohio and other States should present themselves *in forma pauperis* there for a privilege which they can honorably obtain for a very moderate compensation.

"In fine, the Faculty conceive that the well-known principles of medical ethics are applicable alike to medical schools and medical practitioners, and that competition (which is desirable) should be based in both cases on eminence of service rather than upon under-bidding in fees."

THE INTERNATIONAL MEDICAL CONGRESS closed on August 28th, and will convene again in the year 1869, in Italy. On Tuesday, August 26th, a series of papers, not connected with the official programme, were presented; some of these, as briefly noticed in the *Times and Gazette*, London, September 21st, are as follows:

Dr. Wreden, of St. Petersburg, gave an account of a new operation for the cure of deafness, which can only be performed with the assistance of the parabolic otoscope. He calls this operation sphyrotomy; it consists in the resection of the handle of the malleus, and is adapted to all cases in which surgeons are accustomed to perforate the tympanum.

Dr. Mattei, of Paris, read a paper on uterine disorders during pregnancy. In his opinion, all the sympathetic phenomena of the pregnant state are due to uterine congestion and the subsequent pressure of the uterus on the neighboring organs; and the administration of iodide of potassium, which, by contracting these vessels, diminishes the congestion, is in such cases the only rational mode of treatment.

Dr. Kristeller, of Berlin, described a new system of obstetrical manœuvres, in which he substitutes for the forceps, and all other medical or surgical methods of expelling the fœtus, a regular and systematic pressure on the uterus during labor. He gives this system the name of *fœtal expression, (expressio fœtus.)* It consists in siezing the gravid uterus with both hands, placing it in the proper direction, and pressing it downward by degrees. After a few seconds the patient is allowed two or three minutes' rest; then the manipulation is renewed. If twenty or thirty *expressions* have produced no result, the system must be abandoned; if, on the contrary, it appears to assist the progress of the fœtus, forty applications or more may be performed without any danger. Dr. Kristeller supports his method by a formidable array of figures, and advises all obstetric practitioners to give it as soon as possible a fair trial.

TRACHEOTOMY IN INFANTS.—It is well known that this operation was advised, when imperatively called for, in infants but a few months old, by the late Professor Trousseau. It would appear, from a paper lately read by M. Dumontpallier, before the Medical Society of the Paris Hospitals, that many lives have been saved by adhering to this rule. Messrs. Roger, Vigla, Bouvier, and several others have published successful cases of the kind, and it will be well to remember them when attempts in the same direction are made in this country.—*Lancet, London, Oct.* 5.

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A YOUNG Russian lady, Mdlle. Susslow, according to the *St. Petersburg Gazette*, has just passed her examination as Doctor of Medicine at the University of Zurich. She was a pupil four years at one of the colleges of St. Petersburg, and subsequently attended the courses of the Medical Academy up to the time the doors of that institution were closed to lady pupils.—*Ibid.*

CROUP TREATED BY SULPHUR.—The *British Medical Journal*, quoting from the *Gazette Med. de Paris*, states that M. Lagonterie, from observing the effects of sulphur on the oidium on vines, has been led to administer it in several cases of croup. He mixes a teaspoonful in a glass of water, and gives the mixture in teaspoonful doses every hour. The effect he describes as wonderful. The disease, in effect, is cured in two days, the only symptom remaining being a cough, arising from the presence of loose particles of false membrane in the trachea. Mons. Lagonterie says he has followed this plan in seven cases, all being severe, especially the last, the patient being cyanotic, with protruding, rolling eyes, and noisy respiration.

THE MANAGERS of Bellevue Hospital have appointed Wm. A. Hammond, M. D., late Surgeon General of the Army, to take charge of the department of diseases of the mind and the nervous system in that institution.

MR. HARRY D. PIERCE will have charge of the business department of the JOURNAL, and will conduct the correspondence. By the way, those *duns* with which we threatened delinquent subscribers are yet in abeyance. Will not the few who are still indebted at once remit, and accept receipts instead of reminders of indebtedness?

THE SUBJOINED INTERROGATORY has *posed* the party to whom it was addressed, and, therefore, is presented to our readers, hoping that some one of them can furnish a satisfactory response:

——————, Oct. 8, 1867.

"SIR: Recently I commenced the amputation of the stump of the humerus, and when the operation was about half completed, the father drove me from the operating table with an axe. Query—What were my rights in the premises—had I had force to retain the case until it was completed, could I, under the law, have retained it?

Fraternally Yours, ——— ———."

We see nothing of the humorous in the case; it was evidently an ax-idental event, and therefore subject to no law; rights in the premises could not be so well exercised as the right to get away from the premises, and the doctor should be thankful that he got off, even if the stump didn't.

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THE

WESTERN JOURNAL OF MEDICINE,

(Formerly, "Cincinnati Journal of Medicine.")

Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

DECEMBER, 1867.

A Few Thoughts on the "Contra-Indications" of Lithotomy. By George C. Blackman, M. D., Professor of Surgery in the Medical College of Ohio, etc., etc.

Notwithstanding the brilliant advances which have been made in surgery during the present century, we still find our highest authorities divided in opinion not only in reference to the best method of performing lithotomy, but even as to the condition of the patient which contra-indicates this important operation. It can not be denied that in rejecting some apparently unpromising cases, surgeons have been governed by what Sir Henry Thompson has denominated "a worldly-wise and prudent policy," and have consigned to certain death patients who might have been saved by an operation.

Sir Henry Thompson, of the University College Hospital, London, has published in the *London Lancet*, October 26th and November 2d, of the present year, a paper entitled "Considerations suggested by the study of 100 cases of stone in the bladder of the adult recently operated on," in which he remarks that these had been subjected to operation during the past three years and a half, and that he has not refused to operate in a single case which applied to him during that period, adding that he had performed lithotomy "in the worst possible cases, however bad, rather

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than leave the patient to the certainty of a painful and lingering death." In the November number of the same journal he thus refers to the above statement: "I have already said that I have not declined a single case during the period in which these 100 cases were operated upon. On reflection, I might perhaps have done wisely to decline one case—a patient for whom I performed lithotomy—a fatal one; further I might have exercised a worldly-wise and prudent policy had I declined some five or six more whom I submitted to lithotomy. But then I believe it to be dereliction of sacred duty to deny the one single chance of life to a suffering brother, lest the statistical results of practice shall be impaired. Not unfrequently have I consented with much reluctance to operate; but it has been difficult to withstand the entreaty of a poor fellow for whom death was imminent, and who, knowing fully well the risks, begged hard that he might encounter them, as his last and only hope. This recently occurred with a patient who, after seven years of suffering, came to me from the Cape, a mere skeleton, worn out by disease. I declined, but offered an appeal from my decision, in the form of a consultation with my friend Mr. Paget. The refusal was confirmed, and, in despair, the patient sent for a well known physician, and begged to learn why he should be denied the only hope of life, for which he had at so much cost of time and of pain crossed half the globe. The result was that we consented. I cut him, and he recovered. Is it not then, almost impossible to say there is no hope? And if there be a single chance, how difficult to deny it! It was among such cases as these—cases of advanced age and of large stones—that I lost the six deaths among the sixteen of my lithotomy cases."

We have had in our own practice several cases which tend strongly to corroborate the views above inculcated by the distinguished lithotomist of University College Hospital, but we will give in detail the following only, for the report of which I am indebted to my former pupil Dr. J. S. Billings, at present one of the most talented of the regular army corps. The patient had in addition to the calculi, cardiac disease, a varicose condition of the veins of both lower extremities, hemorrhoids, enlarged postate, and the other symptoms enumerated in the report. For some time I refused to operate, but finally yielded to the urgent entreaties of the patient.

Case.—Mr. Glass, a boiler maker, aged 67, placed himself under treatment, July 2nd, 1867, for retention of urine. He has had more or less prostatic trouble for 20 years—and on one or two occasions has passed some gravel in his urine. He has also been subject to asthmatic attacks. Has been much exposed to the weather and has indulged freely in the use of liquor.

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Present Condition.—Pulse rapid—weak—intermittent—arteries ossified—the radial feels like a wire to the finger—has double inguinal hernia—largest on left side. The retention of urine is complete; urine is very bloody and filled with clots; alkaline, and contains a large quantity of stringy offensive mucus. On sounding him unequivocal signs of calculi were apparent. Tongue slightly coated; appetite good. The catheter was introduced every four hours, and he was put upon nitric acid gr. gtt. vi. every four hours. Under this treatment he steadily improved, the urine becoming acid, and being almost entirely free from blood and mucus.

July 21st.—The calculi were removed by Professor Blackman, assisted by Professor Lawson—Drs. Tripler, Dodge, Taillefero and Foster—several other medical gentlemen being present. The simple lateral incision was first made, then changed into the bilateral—when fourteen stones, varying from the size of a bean to that of an almond, were removed by means of the scoop and forceps. The middle lobe of the prostate—completely infiltrated with calcareous matter was then removed—when a stone was felt which proved to be encysted. After a slight delay it was also removed, and was found to measure about one inch by one and three-quarters. The rectum and the incision were then thrown into one passage by a stroke of the knife, and the bladder thoroughly washed out with warm water. There was no hemorrhage of consequence. An attempt was made to use chloroform, but was abandoned in consequence of the bad effects it appeared to produce. The operation being over, he was removed to his bed and given opium in two grain pills every three hours.

July 22nd.—Doing well. No hemorrhage; has passed a large quantity of bloody urine by the wound. Pulse good—no fever.

July 23d.—Slept well—is doing first rate. Ordered port wine and good diet. From this time he continued to improve steadily until August 1st, when the urine began to pass by the urethra.

August 20th.—Feels perfectly well—can hold his urine about three hours—passes most of it by the urethra.

September 3.—His general health is excellent; appetite good, and says he feels as strong and well as ever. There is no incontinence but he is obliged to pass his urine every four hours at least. The greater part passes by the urethra—sometimes the whole, and by slight pressure upon the perineum, he can entirely prevent the flow of urine through the fistula.

The patient survived about a year, and finally died of hydrothorax, the result of his cardiac disease. Now, in contrast with the doctrine recently announced by Sir Henry Thompson, and which the above, with several other cases in our own practice, tend strongly to support, let us contrast the "contra-indications" as given by some of our highest authorities.

Mr. Erichsen in the 4th London edition, (1864,) of his Science and Art of Surgery, p. 1079, thus observes: "Before subjecting a patient to operation, his general health must be properly attended to; and, indeed, if we find the constitution much broken by prolonged suffering, the blad-

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der or kidneys seriously diseased, as indicated by the existence of pus or albumen in the urine, it will be wise to postpone the operation for a time, or perhaps even defer it altogether. There are but few conditions in which a surgeon is placed, that test his moral courage more seriously than the refusal to operate on a patient for stone, and thus allow him to die unrelieved. For a surgeon to do this, unmoved by the entreaties of the patient and his friends, requires no little self-reliance. Yet when the patient is greatly emaciated, his constitution broken down, and his kidneys evidently disorganized extensively, lithotomy would be attended by an inevitably and rapidly fatal result, and the performance of an operation would be an useless act of cruelty."

Professor Gross in the 2d edition of his Treatise on the Diseases of the Urinary Bladder, etc., (Phil. 1855,) p. 537, observes: "No surgeon having a proper regard for his own character and the dignity of the profession, would be likely to operate in case the patient is affected with organic disease of the lungs, or of other important viscera. Serious lesions of the kidneys, ureters, bladder, and prostate gland also forbids interference. In short, whenever the health is much impaired by previous suffering, not solely dependent upon the presence of the urinary concretion, the judicious surgeon will hesitate not a little before he will resort to the knife."

In the third edition of his System of Surgery, (1864,) p. 722, Vol. II., he repeats the same prohibition. At p. 538, (Treatise on the Urinary Organs,) he states that he should hesitate to cut a patient for stone even in the earlier stage of tubercular disease of the lungs, and he would "consider such a procedure as utterly inadmissible after the deposit has made considerable progress." In a review of the first edition of the above Treatise which we prepared many years ago, for the *New York Journal of Medicine*, we referred to the cases reported by Belmas, (*Traité de la Cystotomié Sus Pubiènne*, p. 279,) and others in which it was evident that tubercular phthisis had been arrested, and as it was claimed, even cured by the operation, but these cases, according to Prof. Gross only prove that patients will occasionally recover under very adverse, if not desperate, circumstances, and he adds that he would be sorry to see a rule of practice established upon such a slender basis.

"The same connection exists here between the bladder and the lungs, as between the anus and the lungs in fistula; in both cases the pulmonary disease is retarded, countervailed, or entirely suspended by the remote affection, which thus plays the part, at least for awhile, of a pyogenic counter-irritant. The moment the counter-irritation is removed, or the

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source of the remote discharge dried up, the tubercular malady acquires new life, and steadily progresses until it effects the patient's destruction. There are exceptions to all rules, though it is not always easy to dicover and apply them at the bedside." P. 538.

Now, in reference to operations for fistula in ano quoted in connection with this subject, we know from our own observation that the statement made by the late Dr. John Mason Warren, in his "Surgical Observations," etc., Boston, 1867, is true. "In regard to the rule for operating on phthisical patients, I should say, that, if the fistula causes no irritation, avoid interference. If much inflammation, with numerous external fistulous openings, is present, causing great suffering, preventing exercise, and deranging the system generally, an operation often restores almost new life to the patient." P. 192.

Mr. Richard Quain in his most admirable work on the *Diseases of the Rectum*, is opposed to the operation for fistula in ano in cases of tubercular disease of the lungs, but not for the reasons assigned by Professor Gross. He objects to it because of its liability to enlarge the sore, and to augment the surface secreting pus—in a word to give rise to the very pyogenic counter-irritant to which Prof. G. attaches so much importance as a safety valve. Mr. Erichsen on the other hand, op. cit. p. 1048, remarks that he has in several cases found considerable advantage result from operating for fistula in the early stages of phthisis, or in suspected cases of that disease, "the patient's health having considerably improved after the healing of the fistula." In the review to which we have already alluded, published in the *New York Journal of Medicine*, January 1852, and which was based on the works of Gross, Lallemand, Civiale, Bird and Syme, (p. 119,) we thus expressed our opinion in reference to tubercular disease as a contra-indication to lithotomy, and subsequent observation has but strengthened our views upon this subject:—In Dupuytren's "*Maniére Nouvelle de prat. l'operation de la Pierre*, by Sanson and Begin, is related a case, where the patient exhibited every indication of tubercular disease of the lungs, as dullness under the clavicle, an almost constant hacking cough, all of which disappeared, shortly after the removal of the stone; and Belmas (*Traité de la Cystotomié*, p. 299,) remarks that the practice of Dr. Souberbielle presents us with abundant proof that the operation may arrest the progress of these affections and cure the patients. We have had occasion, (*N. Y. Jour.*, July 1851,) to advert to the propriety of amputating in certain cases of this kind, and the facts which we then brought forward, as well as those to which we have just alluded, conclusively prove, in our opinion, that tuber-

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cular disease of the lungs, unless far advanced, is not always to be regarded as a contra-indication, either to lithotomy or amputation.

Sir Benjamin Brodie has fully described the great hazards which patients submitting to lithotomy must encounter when they are affected with organic disease of the bladder, kidneys, or other internal viscera, nevertheless he has reported cases in which even under such desperate circumstances, he did not feel at liberty to refuse the urgent entreaties of his patients. He mentions one case in which he operated when the patient had albuminous urine, and the patient recovered without an untoward symptom. He adds that he lived for several years, and at last died of another complaint. We make the following extract from the second volume, (p. 644,) of the works of this distinguished surgeon, as illustrating the position in which the surgeon is often placed: "Many an individual influenced by his own fears, or in compliance with the absurd advice of his friends, has missed the period at which an operation would have been almost free from danger, has dragged on an anxious and uncomfortable existence, month after month, and even year after year; trying at one time, medicines prescribed by regular physicians, and, at another time, medicines prescribed by quacks—all to no purpose; and at last has been driven by his sufferings to make up his mind to undergo the operation, when his condition has become so altered, that a prudent surgeon would either altogether decline to undertake it, or would perform it with great unwillingness, and solely as an act of duty, or if you please, of humanity, towards a suffering fellow-creature."

We have just lost a patient under the above circumstances, some sixty-five years of age, who had suffered for ten years the most cruel tortures from his complaint, and who was anxious to avail himself of relief from the operation even though he knew that feeble indeed were the chances in his favor. For three days after the operation matters progressed most favorably, but on the fourth he began rapidly to sink and died on the fifth day. My friend, Dr. Boerstler, of Lancaster, O., his attending physician, informs me that he seemed to die from uremic poisoning, as did his father before him, who was also a sufferer for many years from the same complaint, but who never submitted to an operation. Sir Benjamin remarks, p. 641, that he has been led to believe that such cases would have died nearly as soon, "perhaps quite as soon, if the operation had not been performed."

In concluding our hastily drawn up remarks, we will only observe that our distinguished countryman, Professor Dudley, in his marvellus success in losing only six out of two hundred and seven cases of lithotomy, must have been much more particular in the selection of his cases than

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would be Sir Henry Thompson. We have often heard it stated that Prof. Dudley was not in the habit of selecting his cases. Now we have before us a paper by Prof. D., published in Lexington in 1836, the title of which is "*On the Nature and Treatment of Calculous Diseases.*" At page 21, he observes:

"Out of one hundred and forty-five individuals afflicted with the malady who have made application to me for relief, the operation was performed upon all with the exception of ten; and of this small minority, two only were presumed to be too debilitated to justify the operation; one of these was a gentleman eighty-two years old, the subject of frequent and prostrating hemorrhages from the bladder; the other a youth in the last stage of hectic fever, from disease of the liver or lungs. In the other eight cases the operation was rejected from different and various reasons."

Did time permit we might, as before stated, give in detail the reports of several cases in our practice which show the propriety and even the duty of acting on the principle now taught by Sir Henry Thompson, but we must now bring our remarks to a close, not, however, without expressing our gratification that Sir Henry's favorite method is the median or medio-lilateral as proposed by Civiale in 1836, a method which we have preferred in our last ten operations, and which we predict will soon become the favorite operation with all lithotomists.

The Source of the Bile. By JAS. F. HIBBERD, M. D., Richmond, Ind.

During the last annual meeting of the Indiana State Medical Society, I had the honor to present to it a paper on the bile, wherein I discussed four principal points, viz:

1st. The source of the bile.

2nd. The function of the bile.

3rd. The agency of the bile in the color of the fæces.

4th. The cholagogue power of the mercurials.

In my effort to determine the first proposition I acknowledged in the outset that the more common professional opinion was that the bile was derived from the portal blood, but in the study of the affair it was found that in some of the lower animals the liver was normally furnished with arterial blood only; that in the human embryo the liver was developed from two separate points, one point connected with the venous system, from which sprang a ductless gland; the other point connected with the arterial sys-

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tem, from which sprang a gland having a duct like other secreting glands; that in the adult these two glands were anatomically closely interwoven, but histologically and functionally distinct; the part developed from the venous system being still supplied with portal blood only, and functionally engaged in making sugar; while that part developed from the arterial system was supplied with blood by the hepatic artery, and was functionally engaged in the preparation of bile: that in cirrhosis the part of the liver to which the portal blood is distributed becomes disorganized and incapable of performing its function, and yet the secretion of bile continues: and that in divers instances enumerated, the portal blood was cut off from the liver by a malformation or a pathological impediment passing directly into the vena cava, without arresting the flow of bile. Having presented these facts somewhat in detail, I felt impelled to declare that "we can not avoid the conviction that the arterial blood affords the pabulum of the bile."

The *Western Journal of Medicine*, for September last contained a review of the Transactions of the Indiana State Medical Society, and in regard to the point herein presented, the writer uses the following language:

"Whether the bile is formed from the blood carried to the liver by the hepatic artery, or the portal vein, is a question which has caused no little discussion among physiologists, and upon which the affirmative and negative have both, at different times, been held to be true. The most recent researches seem to have decided the question adversely to the views held by the author of this paper. In 1862, Moritz Schiff undertook the solution of this most difficult problem, and pursued his investigation with every precaution against error; he arrived at the conclusion that in the normal condition the secretion of bile is exclusively from the portal blood, and that when the portal circulation is suddenly stopped, as by ligature, the production of bile immediately ceases, and the animal dies, poisoned by the retained excrementitious matters; when, however, the stoppage of the portal circulation is slowly effected, the secretion of bile may still go on, being kept up by the accessory portal veins; and in certain conditions brought about by experiment, the bile may be formed from arterial blood, but these conditions are purely artificial, and have no practical interest. These conclusions of Schiff have been adopted as reliable by the highest authority, and are looked upon as settling the question."

These facts and conclusions were credited, by the reviewer to Jaccoud, in an article on the bile, in the *Nouveau Dict. de Médecin et Chirurgie Pratiques*. Knowing nothing of Jaccoud's writing, and never having heard of Schiff's experiments, I felt much interest to procure particulars. I obtained a copy of the work above referred to, and a friend made for me a careful translation of so much of Jaccoud's paper as related to Schiff's investigations of the source of the bile.

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Jaccoud declares that Schiff is a man of great sagacity and experimental ability, and that he proceeded in these experiments with much caution, avoiding all possible sources of error. Schiff operated on three cats by tying the three branches of the cœliac axis, and also the inferior diaphragmatic artery, and afterward establishing a biliary fistula. The bile was produced as freely, as in the normal state. Jaccoud says nothing of the time these cats survived, nor how long the observations on them continued.

Schiff's next experiment was on cats by tying the trunk and branches of the portal vein in a part of them, and in the others he isolated the hepatic artery, then tied all the other liver vessels in a single ligature, including the ductus choledochus, and afterwards established a biliary fistula. "Five experiments were made; none survived beyond an hour and a half, not a drop of bile was produced; the cats died in coma, two had slight convulsions. Thus, then, the ligature, *sudden and total* of the portal system, suppresses instantaneously the biliary secretion, and the animals die poisoned by the generative materials of the bile."

In the third place Schiff experimented on cats and dogs to determine the effect of a gradual obliteration of the trunk of the portal vein. It is not mentioned how many animals were operated upon, nor the method of operating, but it is declared that the experiments could not be continued beyond six and a half days. When the portal trunk was closed in this way the result was that the liver continued to secrete bile because certain accessory veins, not pertaining to the portal system, supplied the required pabulum. Schiff, therefore, concluded that *venous* blood was absolutely required for the production of bile, but that it need not necessarily be *portal* blood.

Schiff probably, Jaccoud certainly, relied upon the second series of experiments to justify the declaration that the question of the source of the bile was settled, and its discussion closed, because in this instance the full particulars are given, while in each of the other series the narrative omits something that renders it intangible for the purpose of demonstration.

Now let us examine this report of Schiff's second experiments, and see what he has done that should alter the conclusion we derive from the converging testimony of so many other, and usually reliable, sources. Five cats were operated upon by cutting off, absolutely, all venous blood from the liver, not one of the five surviving beyond *one hour and a half*, and during this short period a *biliary fistula was also established.* If the life of the cat that survived the longest continued only one hour and a half after the operation, how long did the others live? But suppose they all

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survived the ninety minutes, can we be surprised that a cat subjected to two terrible operations within that period and died at the end of it should have a liver that failed to secrete bile under such circumstances? Nay is it not likely that the kidneys, the testes, etc., also failed to perform their wonted functions during this brief death struggle?

The annunciation that the liver furnished no bile under such perturbations of vitality, is devoid of virtue until it is shown that the other viscera were properly performing their normal functions the while. But, says our author, all the cats died comatose, and two of them with slight convulsions, *poisoned by the retained elements of the bile!* Marvelous!! Will any pathologist in the world, after giving the affair a moment's reflection, believe that the suppression of the bile for one hour and a half in any animal whatever, without other lesion, can produce coma, convulsions and death? Verily I believe not one. Beside, is there not ample cause for all the fatal phenomena mentioned, in the double operation and the systemic venous congestion consequent upon tying all the afferent venous vessels of the liver?

It seems to me quite clear that no logical mind can be satisfied to adopt the conclusion that Jaccoud has drawn, after a careful examination of the premises he has presented.

Schiff's original paper detailing his experiments was published in a Swiss Journal to which I have not had access, consequently I can only judge of the value of his investigations from Jaccoud's epitome; but if the latter has fairly represented the facts, I am quite sure there is no warrant for the broad and repeated assertion that the debate on the derivation of the bile is closed, unless, forsooth, we take it opposite to his intention, and declare that Schiff has presented nothing to disturb the conclusion so fairly drawn from other sources, viz.: that the bile is generated from arterial blood.

Report of a case of Enlargement of the Stomach from Occlusion of Pyloric Orifice. By Orpheus Everts, M. D., Michigan City, Ind.

Mrs. S——, a German woman, of the laboring class, aged 57 years—23 years in America—had enjoyed good health, and reared a large family, without any incident of life unusual, or of scientific interest. Had been an invalid for a year previous to 1st of January, 1867, when I was called in to see her. Found her emaciated—cadaverous, and anxious,

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Pulse small and frequent, tongue pale and unnatural, yet giving no diagnostic with which I was familiar. Pain referred to *left* epigastric region and extending down in direction of descending colon. Too much flatulence to trace the internal organs anatomically. Constant spitting of watery eructations. Loss of appetite, with inability to retain food. Persistent costiveness. Sense of formication in the abdomen, often so marked as to have induced the belief that some living reptile was within. Had been in bed four months. Previously had ceased to labor, often fainting after slight exertions. Had been treated medicinally by various practitioners. I was requested, *if I could cure the disease*, to take the case.

Satisfied of the malignant nature of the disease, yet uncertain of its precise location, I gave an unfavorable prognosis, and was not retained. A German physician was called who was more hopeful, and adopted the superstition of the family respecting the presence of a snake, having been received from the swamp, while drinking swamp water during the whortleberry season. The Doctor (?) told me that he believed that there were two reptiles in the stomach, but thought they were lizzards, and not "snakes." He thought that he could trace their forms, and detect their heads. He afterward informed me that he had expelled them from the stomach, but that the patient was too feeble to bear further expulsory treatment, and so the reptiles remained in the lower intestines.

Assuring the Doctor of my incredulity, yet great interest in the case, I requested to be notified of a fatal termination, if it should occur during his administration.

Medical advice from Chicago was invoked, and the serpent theory confirmed—but no aid to the patient, who expired February 24, 1867.

Drs. Sherman, Page, and myself visited the friends and were granted permission to "view the body." The German practitioner was also present. Nothing new in external appearance. An incision from the ensiform cartilage to the pubes was made and the contents of the abdomen exposed. Everything was abnormal in appearance. The stomach seemed to fill the entire cavity, covering all the other intestines, its largest extremity reaching into the pelvic cavity. The pyloric extremity was in its normal position, bound down to surrounding parts with strong fibro-cartilaginous bands. I removed the organ by cutting the œsophagus and duodenum, and found it containing about six quarts of semifæcal matter, in a fluid state. Its tissues seemed sufficiently firm—and presented no marked pathological appearances to the naked eye, except in the pyloric extremity, where the mucous coat exhibited extensive erosions, affecting four or five inches square. The pylorus was almost obliterated, and

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together with three inches of the duodenum was involved in a firm almost cartilaginous mass of induration. This tissue was unabraded, and seemed to be but slightly vascular. The remaining small intestines were empty and atrophied. The cæcum was nearly obliterated, the vermiform process appearing almost as large as the body of the organ. The colon through its whole course was empty, and not larger than a man's finger in diameter. All adipose deposits had been removed, leaving the vascular distribution of the mesenteric system very beautifully displayed, although participating in the general atrophy. The liver was very pale, and about one-third normal size. The gall bladder empty. The spleen was completely blanched, and not larger than a lamb's tongue, which it resembled.

Our autopsy was hurried, and our observations such only as may be made with the eye and hand. We did not open the chest or head.

I could not ascertain precisely when defæcation per rectum ceased, but evidently nothing had passed into the lower bowel for many months.

The case suggests its own interest to those who read.

Importance of Diagnosis in Simple Cases—Caution Against the Careless Use of Needles and Pins about Children. By WAYNE GRISWOLD, M. D., Circleville, Ohio.

There is no subject connected with the whole field of medical science more important to success than diagnosis.

It can not be studied too minutely in any case, whether simple or complicated. The field is so broad, the subjects so numerous, that we sometimes find ourselves groping our way in the dark after all the research we can make. But he who makes the most correct diagnosis will be the most successful in treatment.

Errors may be committed in diagnosis, even by the best men, to some of which no blame attaches.

I propose to give a few very simple cases to illustrate.

Case 1st.—A child twelve months old was brought to my office by the parents. They said it had been seen by several physicians, and doctored by one four months for marasmus; that at five months of age it began to cry, and had cried all the time since, except during short intervals of sleep; that every time it moved it would cry, scream and writhe as if in great agony. This had continued for seven months, until the child was a perfect skeleton, nothing but skin and bones, and still crying and screaming all the time.

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An examination gave no symptoms of marasmus except the mere emaciation.

The child nursed, and nutrition seemed to be tolerably good. The vital forces were used up and exhausted by some unknown cause, that created great agony in the child. There was was no strumous taint.

The parents knew of no cause; they had done all they could, and were waiting for death to relieve them of their great anxiety over their long distressed child.

The child was stripped that every part of the surface of the body could be examined. A small hard callus was discovered on the fifth rib, a little anterior to the middle of the left side. Pressing upon each end a needle or pin could be distinctly felt. Cutting down upon one extremity, a needle an inch and a half long was removed and the child sent home, and ordered to be freely fed. The marasmus was cured.

Case 2d.—Mrs. F. brought a child four months old. She said it had the colic for four days, and had cried all the time; that she had given it medicine for colic three days, but it was no better, and she feared it would die. The child had no evidence of colic, only the great distress when moved or handled. When a suggestion was made to the mother that a needle or pin was pricking the child, she said it could not be, for she was very careful. The child was stripped and carefully examined, when a piece of needle was found more than one half inch long, having penetrated the groin and broken off. It was removed and the child cured.

May we not have needles or pins accidentally in the flesh of children, causing distress and disease much oftener than we are aware of? When we look at the number of pins and needles used about infants, and the carelessness of many mothers and nurses, is it a matter of surprise that many cases of this kind occur? We have some quite interesting cases on record.

Trousseau relates a case in his Clinical Lectures, where he was called in consultation with Dr. Blanche, to see the child of a Foreign Minister to the Court of France, taken with convulsions. On removing the cap, a thread was discovered on the scalp. On picking it up he found it attached to a needle which had penetrated the brain. He extracted the needle, curing the convulsions, but the child afterwards died from hydrocephalus.

He likewise relates a case, the son of Prof. Soubeiran, who died with convulsions, for which no cause could be assigned. But a post mortem examination revealed a needle transfixing the liver.

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Underwood, also, gives a case of a needle penetrating the brain, causing convulsions.

Numerous cases might be cited where needles and pins imbedded in the flesh of children, have been the cause of serious disease and death.

But I will not ask for space in your valuable JOURNAL to report more, as I have given enough to illustrate not only the importance of diagnosis in simple cases, but the importance of caution in the use of needles and pins about children.

Case of Hypogastric Lithotomy. BY DR. GUIDO BELL, Indianapolis.

Permit me to call the attention of the medical profession to an instructive case of lithotomy, in which the *hypogastric or high operation* was successfully performed. This case demonstrates that there is no danger from vesical sutures, and that the introduction of the catheter is not required.

Frank King, a healthy boy four years and a half old, suffered very much for several months with dysuria. About a month before I operated on him, I felt in examining *per anum* a hard substance lying just at the vesical orifice, which, upon being touched receded in an upward direction: the sound was not passed at this time.

He had pain in urination and in defæcation—the pain varying in intensity and in continuance at different times.

On Saturday, the 17th of August, I was called to see him in a very severe and protracted paroxysm. Introducing a uterine probe into the urethra, it was readily brought in contact with the stone, and between the instrument and the finger introduced into the rectum, the stone could be firmly held: at that time I judged the calculus to be about the size of a pea—a mistake afterwards discovered, and explained by the fact that only a portion of it was thus held.

I was assisted in the operation, which was performed on the 20th of August, by Drs. Homburg and Gussman, and Mr. Perling. After the patient was chloroformed, the sound was introduced, and the peculiar click demonstrated to the satisfaction of all the presence of the stone. The bladder was then half-filled with tepid starch-water, and the anæsthesia being sufficient, I made an incision in the *lin. alb.* two inches and a half in length to the *lig. suspens. penis;* then the left forefinger being placed on the symphysis, a perpendicular incision was made, and the parenchyma divided over a director the length of the first incision; the recti were divided about half an inch on each side. Immediately the bladder pro-

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lapsed, it was held up near the urachus, pressed forward by the sound, and incised with the scalpel backwards and downwards, this incision being about an inch and a half long, and from it the injection escaped freely. Twice I endeavored to remove the calculus with polypus forceps, but failed; this was then accomplished by means of the right forefinger introduced into the bladder: there was no other stone. Three silk sutures passing superiorly to the mucous membrane, were used to close the vesical incision. The restlessness of the patient caused the bladder to prolapse several times. The abdominal incision was closed with the twisted suture to within an inch and a quarter of its inferior end. A cloth covered with cerate was applied to the wound, and over this a bladder containing ice was suspended so as just to touch it. Immediately after, the patient took a twentieth of a grain of opium and half a grain of camphor.

The calculus is heart-shaped, dark-brown, weighs sixteen grains, measures half an inch in its longest diameter, and is of the variety known as mulberry.

(We omit all the details, as given by Dr. Bell, of the progress and treatment of the case, save that the catheter introduced immediately after the operation, was removed by the patient in the evening of the same day, and not re-introduced—that the twisted suture was removed on the 20th of August, and the vesical suture cut off on the 31st, and before the 12th of September the patient was out walking, the wound then being entirely healed. Dr. Bell concludes as follows:)

I believe the supra-pubic operation the best in case of a child, for the following reasons: 1. The elevated position of the bladder at this time of life. 2. We can see what we are doing. 3. The calculus may be large. 4. There is no danger of impotence in after life.

Prof. V. v Bruns, M. D., an eminent surgeon in Germany, advocates this method.

(Lest the success which attended our accomplished friend in this method of operating for stone, may lead others to exaggerate its value, we beg leave to remind them, (*vide* Holmes' System of Surgery, Vol. IV., pp. 468, 469,) that there is excellent authority for the statement that in children under 12 years of age, the lateral operation is the safest and most successful, the mortality being 1 in 17½ cases; that in Allarton's median operation on 139 cases at all ages, the deaths were in proportion of 1 to 11; that the bi-lateral operation of Dupuytren bears a death-ratio of 1 in 4½; the recto-vesical about 1 in 5, and the supra-pubic 1 in 3½. These latter proceedings, says Mr. Poland, are only had recourse to in cases of very large stone, and where complications exist preventing perineal lithotomy.—T. P.)

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Case of Poisoning by Chloroform. By J. E. Tefft, M. D., Springfield, Missouri.

The subject of this report was a young man, aged twenty-eight, of good constitution, though considerably broken down by hard drinking. On the morning of July 17th he arose early, went out and procured two ounces of chloroform, returned to his room and swallowed the whole amount, undiluted. He had been drinking more than usual for several days, and was in very low spirits; and had several times while partially intoxicated, expressed an intention of committing suicide. His family physician, Dr. W. P. Murphy, was summoned, and saw him at 7 o'clock, about three-quarters of an hour after the swallowing of the chloroform. I saw him a quarter of an hour later, and found him in a state of profound coma; the eyes fixed and glassy; the pupils of natural size, but insensible to light; the pulse about eighty, full and strong, and the breathing slightly stertorous. Signs of prostration were not apparent until about 8 o'clock, (two hours after taking the dose,) when the circulation began gradually to fail; the pulse became more frequent and feeble; the respiration became gasping and stertorous; the extremities became gradually cool; the pupils dilated and the skin assumed a purple and mottled color. At 11 A. M. the pulse was entirely absent at the wrist; the arms cold to the shoulders; the legs cold to the knees; the breathing very labored, and the whole body wet with a profuse clammy perspiration. From that time gradual signs of reaction commenced. When I saw him, no attempt had been made to evacuate the stomach. No stomach pump was at hand. When Dr. Murphy first saw him he was totally insensible and unable to swallow, and he judged that the stomach would not respond to the influence of an emetic, even could it have been introduced into it. Our treatment consisted of measures to counteract prostration—at first of sinapisms to the epigastrium, dry heat, friction to the extremities, and the administration *per rectum*, of brandy and carbonate of ammonia. Later we employed hot brandy to the extremities, and hot turpentine to the spine, followed by vigorous rubbing. The enemata provoked copious alvine evacuations of dark bilious matter. Reaction was very gradual and feeble. At 2 P. M., he spoke, and then first began to swallow. Iced mucilage of slippery elm was given him in small quantities, and small lumps of ice to swallow *ad lib.* At 6 P. M. he complained of a terrible burning pain in the stomach, and begged piteously and incessantly for water, though more than a swallow would induce vomiting. He had passed a quantity of blood mixed with bilious matter from his bowels.

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July 18, 7 A. M., pulse 130, and weak. He passed a restless night, though he took three 1 gr. opium pills at intervals. Had not slept more than ten minutes at a time. There was still occasional vomiting. Ice and occasional opium pills were continued.

July 19. Better; pulse 115, and fuller. Rested better and there was no return of the vomiting. Lime water and milk were ordered as nourishment. From this time forward he rapidly improved, and was out in a week. I have seen no reported case where recovery followed after so large a dose of chloroform as two ounces, *unless the stomach was evacuated of its contents*, as a part of the treatment.

In this case the evidence as to the amount swallowed is complete.

Medical Coroners.—(Concluded.) By HON. J. W. GORDON, M. D.

I have already glanced briefly at the history, antiquity and dignity of the office of Coroner in England. The high esteem in which it has been held in that country, even from very early times, has been pointed out; and the care which the legislature of that kingdom has taken to keep its important functions out of the hands of the ignorant and incompetent, has not failed to be held up as worthy of imitation in other countries. On the other hand, it has been seen, that in our country far less attention has been paid to it, either by the law-making power, or by the people. The law has no provision calculated in every way to secure persons of intelligence and ability to perform its high duties; nor by providing an adequate compensation for their performance, has it offered any suitable stimulus to induce such persons to seek the position. It has been left open to all classes; and, as if a bid for the meanest qualifications were intended to be offered, the compensation given for services that require for their right performance the highest capacity and culture, is only such as might be fitly bestowed on a scavenger. The office has accordingly been still further degraded and disgraced by those who have sought and obtained election to it, at the hands of the people. The cases given in the preceding pages of this essay amply prove that the poor pittance now bestowed upon the Coroner, for the still poorer services rendered by him, is worse than thrown away; for besides the time and money expended in making our inquests, the inclusiveness of the result, as already seen, leaves the public and the court no better off in any case, and often far worse, than they

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would have been, had no inquest ever been held, and no return ever made by the Coroner. It is manifest that there has not been brought to the consideration of these cases, good plain uneducated common sense, much less cultivated skill and ability of any kind. To be sure, in most if not all of the instances given, medical men have been called as witnesses; but either from original mental incapacity, want of education, or opportunity to inquire into the facts concerning which they have testified, their, testimony was not creditable to themselves either as men or physicians and added very little light to the inquiry before the jury. In some cases the failure is manifestly due to their own stupidity and ignorance; in others to that of the Coroner who presided at the inquest, and denied them the scope and freedom necessary to lay bare the true causes of the death under consideration. But space will not admit of the continuation of these general observations upon the cases which I have given. Nor is this matter of regret; for the cases themselves will readily suggest a whole train of useful reflections on the subject, to those who think, and are willing to labor for the correction of a great and disgraceful failure of one of the most important functions of our government.

It has been well said that "the great object of the Coroner's court is to inquire into all cases of death attended by circumstances of an unusual or suspicious nature, and to ascertain the cause of death in each instance." To attain this object is often a very difficult task, requiring the severest scrutiny of able, patient and skilled investigators. The inquiry is the means, the ascertainment of the cause of death, the end. The purpose of society in these cases is to know how its members are taken from it. If the death, in any given case, has been the result of accident, or suicide, the determination of the fact is essential to quiet the people of the vicinity, who would otherwise feel uneasy and unsafe. But if it shall be found to have been produced by crime, then the law and the public alike demand something more—they can not rest until the criminal is ascertained and punished. An inquest that does not settle the fact that the given death *is*, or is *not*, due to crime, is a failure; and is generally a source of real evil to society. Leaving all in doubt and uncertainty, it sows distrust and apprehension in the minds of men, and tends to abolish that sense of personal security which is ever one of the prime objects of civil governments.

Now, if we consider the few facts supposed to be ascertained in the first of the series of cases given in this paper, it will be found that, notwithstanding the verdict, it is by no means made clear that the death of the poor girl was not the result of crime. On the contrary, the facts not only

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indicate the presence of crime, but point to the murderer. The deceased had been, up to the time of her death, the mistress of a man who had quarreled with her, and had even gone so far as to have whipped her. He then placed her in the care of his sister for medical treatment, where she remained for a week or so, and died. The sister to whom she was sent for treatment, and her brother are the only persons that ever knew she was sick until she was insensible and dying. During the time she was at the sister's for treatment, she was about town, and as late as twelve o'clock on the night before she died was apparently well and eating apples. In two or three hours afterwards she was found comatose and dying from opium; but no physician was called before eight o'clock in the morning. Then the sister-doctor went off from home to buy her coffin and funeral outfit, and remained absent until three in the afternoon—about an hour before she died—when she returned. After her death this sister testifies that she never gave her any laudanum, or opium—only a few pills of a questionable character. Yet upon this point she was contradicted by the testimony of other witnesses, of her own statements that she had been giving her very large doses of laudanum. Both brother and sister testify to the girl's declarations of an intention to commit suicide; but on other and material points they flatly contradict each other. The jury were not satisfied, as plainly appears from their verdict, which, taken with the evidence, leaves too much reason to believe that the deceased was the victim of a murderous conspiracy between the brother and sister, who seemed to have her entirely in their power; and who now, it is to be feared, are stained with crime, and yet at large to jeopard the lives of others.

The second case in the series presents features of equal interest with those of the first, but of a totally different character. From the testimony of the physician it can hardly be doubted that the woman's life could have been saved by proper treatment, after he saw her. It is inconceivable that she necessarily died from the effects of laudanum, if it be true as the doctor testified that "after giving suitable remedies which produced reaction for a time," and "an emetic which operated freely," he "could discover no smell of laudanum from what was ejected from her stomach." One can hardly help asking: Whether the treatment may not have produced the fatal result? But the doctor's evidence is contradictory. If part of it be true, she may have died of laudanum; and if the rest be true, she may have died of the treatment. But the doctor spells system thus—"*sistum*;" and professes a system of medicine which is a "comedy and a lie"—the fruitful nurse of quacks. It is shameful that such stuff should be tolerated as a part of the real and earnest business of society.

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The other cases are equally suggestive of observations tending to show that the office of Coroner in those hands in which its powers are generally placed in our country, is of no use for any purpose whatever. Statistics may ransack its insensible inquests in vain for a single fact upon which it may rely, that would not have been more easily found and proved without its aid. Accident will there be found charged to suicide, suicide to murder, and murder again to suicide, and suicide to accident. The intelligent searcher after truth, whether his object be to afford light to legislative assemblies that may lead them to the enactment of more enlightened laws for the prevention of misfortune and crime, or to aid the courts of justice in the more satisfactory application of law to individual cases of crime than are otherwise attainable, or to add to the facts of science, and prepare the way for broader generalizations of the laws of individual and social life, will not advance far among these archives of official ignorance and stupidity, until he will turn away in despair, satisfied that an important function of the body politic is lost; and should he examine into the causes of its loss, he will not be long in determining that legislative parsimony, and popular indifference combined, have conspired to effect the sacrifice.

It is time that such official cheats should end. But how can they be destroyed? In no other way than by bringing the questions to which they give rise in thinking minds, fairly before the public; and keeping them under public consideration, until the people shall be brought to appreciate their practical importance, and to accept the only remedy for such shameful, such hurtful, and such enormous evils, as necessarily arise from the inadequate and faithless service which ignorant Coroners have rendered, are rendering, and will continue to render to society, as long as they are intrusted with a function they do not, and can not, in the very nature of things, comprehend. Let intelligent professional men be awakened then to the importance of bringing about a change in the character of those to whom this function shall be intrusted. Let them set before themselves and before others the evil consequences of an inadequate performance thereof. Let earnest and competent medical men offer themselves as candidates for the office of Coroner; and, if elected, let them with that self-sacrificing nobility of soul which has always characterized the profession, discharge the duties of the position thoroughly; and it will not be long until the people will learn to distinguish the true Coroner from the false one; and the office will be restored to its original and exalted usefulness in the State. Where crime has been committed it will then be detected; and some trace of even the clandestine criminal will be discovered and pre-

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served, so that justice may follow and at last overtake and punish him. The guilty self-destroyer will be discovered, and distinguished from the unfortunate victims of insanity. The accidents that befall men in secret places will be set down no longer as due guilt, and a sense of security will gradually diffuse itself throughout society, whose members will be protected as far as human intelligence and justice can protect them against the crimes of others, and from the still more dreadful apprehension of leaving behind them a fame falsely blackened by the guilt of willful self-destruction.

PROCEEDINGS OF MEDICAL SOCIETIES.

Fountain County Medical Association.

The Fountain County Medical Association met in the city of Attica, October 17, 1867. Reports of committees being called for, the following was submitted:

The Committee to whom the subject of Medical Impostures and Criminal Abortion, and their Remedy, was referred, respectfully report that they have considered the question in part, and herewith present a report on the first division of the subject committed to them.

In the opinion of your Committee, it is the duty of the Legislature of the State to enact laws which will protect the people from being plundered by the numerous medical impostors who infest every county and town in the State of Indiana.

In the opinion of this Committee, persons desirous of practicing the professions of medicine and surgery, ought to be compelled by law to give proper evidence of their qualification for a position so important, and we feel assured that no qualified person will hesitate one minute to give such evidence of his fitness, and opposition to a regulation so useful would only be made by those who are conscious of their own ignorance and their own unfitness to fill the responsible position of physicians and surgeons.

Your Committee recommends such action of the Legislature, not as any protection to the qualified physicians of the State, for they manifestly require no protection, but for the purpose of protecting the masses of our citizens, who, in consequence of their time being fully occupied in their daily avocations, are unqualified to distinguish the plausible, specious pretender and impostor from the man who has conscientiously undergone the labor of the study and preparation necessary to qualify himself to be useful to the community.

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We do not undertake to present any particular plan of action in relation to the reforms which we deem necessary, but recommend that the subject be brought before the State Medical Society at their next meeting, urging the propriety of taking steps to bring the subject before the Legislature at their next session.

We also recommend that the attention of every Medical Society in the State be called to this important subject, requesting each one to take action on it, and place itself in communication with the State Medical Society upon this matter, so that all the societies in the State may lend their influence and aid in rescuing the people of Indiana from the shameless and impudent tribe of charlatans who are daily filching from their dupes the money which ought to be devoted to the sustenance and education of their families.

Your Committee think that it is the duty of the regular faculty of the State, each one in his own sphere, to bring this subject before the people, in such way and at such time as he deems fitting, explaining the subject to his neighbors and others, showing from instances which may fall within the scope of his own knowledge, the difference between the honorable and conscientious and qualified physician, and the impudent pretender, whose only object is to secure the profits of the profession, without the ability to render to those who employ him a corresponding benefit.

We urge action upon the part of the profession now, as we believe that longer silence may, and in all probability will, be interpreted either as utter carelessness and indifference upon the subject, or, worse still, as approval, acquiescence and endorsement of the evil here complained of.

DR. JOHN T. RICE,
" S. J. WELDON, } *Committee.*
" A. BIGELOW.

The report was accepted, and leave given to t e Committee to continue their sitting, and make further report at the next meeting of the Society.

On motion it was ordered that the report as now submitted and accepted, be sent to the *Western Journal of Medicine* for publication, with an earnest recommendation that other Medical Societies in Indiana will take action on this subject.

S. J. WELDON, M. D., *President.*

S. S. JONES, M. D., *Sec'y.*

BIBLIOGRAPHY.

Transactions of the Kansas State Medical Society.

It is with pleasure that the first printed Transactions of this Society is welcomed to the place among the yearly contributions to our science which should never hereafter be vacant.

It is a creditable pamphlet of 76 pages, and fairly printed. Several

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of the articles should have been carefully revised, and there are typographical errors not commendatory of the Committee on Publication in nearly all of them; but attention will avoid the latter hereafter, and due allowance should be made for novelty and circumstances of publication. Its contents manifest that our professional brethren in that State are showing a promising interest in the science of medicine, hardly to be expected in a newly organized State at the western margin of continuous civilization, where originality is not encouraged, and proficiency hardly possible; and where the allurements of land speculation and political advancement are so strong, for men of culture and ability, that it requires a genuine scientific enthusiasm to hold them faithful to the ill-requited pursuit of medical science.

The Address of the President, C. A. Logan, M. D., is somewhat discursive, considering among other topics the hygienic tendencies of modern medical science; and calling attention to the wide field of usefulness and progress that lies before us in that direction: but it is mainly devoted to the often-vexed subject of quackery. It utters some deserved but almost useless strictures on the people and especially the ministerial profession for encouraging shams and charlatans. Such genuine outbursts of indignation are natural, by the men of our profession who are laboring in the interests of science toward those who, claiming to elevate the moral and religious faculties, lend themselves to approve of every skepticism and pretence in medicine. This is unconsciously the parent of much of the so-called religious skepticism of the profession — for while physicians truly educated and worthy of the name are led through science and the contemplation of the connection between man's body and spirit up to the worship of the Infinite known by its manifestations in the finite—they can not believe that man worthy of credence as a genuine "ambassador of heaven," who encourages the false, and proves himself ignorant of science which is the expression of the direction which the creative will traveled in the course of creation. He who speaks authoritatively to the scientific men of to-day must prove his mission by his knowledge of, and power over, the laws established by the Creator.

But there is another side to the subject. So long as the profession sends out young men, endorsing them as educated in the science, and skilled in the art of medicine, when they are not so,—when they have only begun to be students, and have neither skill nor learning nor wisdom, but too often only the conceit of half-knowledge, and are to become wise through experience, so long the world will regard the title of doctor as of little worth, and will prefer to employ those whom we accuse of doing nothing, to those who may do ill.

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It is by his fruits the true physician must ultimately be known. We are having now-a-days a little too much calling of quack whoever has not acquired his knowledge in the orthodox groove; and by far too much endorsement of ignorance and impudence provided it will swear by the pharisaical interpretation of the code of ethics. To know that a practitioner is a graduate is to know but little beyond the bare fact that he has given his adhesion to the orthodox views of medicine. This should not be. Medical schools must see that their graduates are learned and skillful—must graduate no student who could not be instantly trusted with the medical care of the families of its professors; Medical Societies must exclude all who are not trustworthy practitioners,—then there will be some credit to graduates and members, and the people will know where to look for proficiency. But so long as schools graduate to surgery students who have only nominally dissected a body, never performed an operation or diagnosed a difficult case, so long will the public encourage the men who have had some practical experience, and who show cures, or appearance of cures. The sustainers of infinitesimal medicine are not always the ignorant—but often the observant and business-wise; they would gladly crowd the ante-room of that physician who would prove to them that he did get undeniably better results than expectant treatment. Proof of these results, not assertion, is now the demand.

We can do this—let us then away with that false notion of ethics which forbids us to grapple with error; and fears to handle heresies lest it be defiled. Let us elevate the standard of the physician by making the requirements greater, the practical knowledge more thorough, the graduate a master of the science and art as far as known—and we shall soon hear no more complaints of the occasional want of recognition of the profession by the educated and influential. Infinitesimal doses are merely the expression of the skepticism which has grown out of the rash treatment of the last generation. Rational cautious treatment will supersede it—is now superseding it. Its advocates have ceased to practice it to-day save in name, and intelligent men of that school, as of the vegetable, study our books for the known, and practice accordingly so far as they can see. But some new theory will come next, and will ultimately also benefit us and be absorbed. Let us not hope ever to be free from opposition as long as ours is an imperfect science. Every new school is a great experiment on the people, made for us if we will note its progress. When every legalized practitioner is a thorough physician, far-seeing in prognosis, wise in judgment, capable of sweeping in comprehension the entire compass of man's pathological possibilities, and applying all that is known rationally, quackery will cease—and not till then.

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The next Essay, by M. Baily, M. D., on Malpractice, is a sensible one, but very incomplete. In calling attention to the fact that the law does not demand extraordinary skill of the surgeon, the author says: "And when, in the course of several years practice perhaps, he is called upon to treat a dislocation, although he may have been thoroughly posted as to the number and kind of dislocations laid down in the books, and all the differences between dislocations and fracture of the necks of the bones, yet he is in doubt as to the real nature of the case. Not for the want of anatomical or surgical knowledge, but for the want of just what can not be obtained in an ordinary practice—*experience*." This is an error so common as to demand a moment's attention. It is only because a succession of cases, various in character, compels the practitioner who is not "thoroughly posted" to study and become so, that it gives experience in ordinary cases. The student who has once mastered the anatomy of a part, and the principles of surgical mechanics, will have no bad results, although he may never have seen a similar fracture. It is because he is only pseudo-posted that he needs the lessons which failure teaches. A large experience certainly gives advantage in that class of cases that lie beyond the region of the recorded or settled, and where anatomy gives but a doubtful light: as also in those emergencies where surgery is undecided and individual reliance is called for.

It seems also time that the profession should dissent from the decision rendered by Sir Matthew Hale, and since almost universally followed by judges in England and the United States, and approved by the author of this Essay, that "If a physician gives a person a potion without any intent of doing him any bodily harm, but with intent to cure or prevent disease, but, *contrary to the expectation of the physician*, IT KILLS HIM, this is no homicide, AND THE LIKE OF A SURGEON." There should be a *reasonable* "expectation," and the true interests of the public and the profession demand this.

The Application of Water and its Effects as a local Agent, by J. L. Prentiss, M. D., is a brief, common-sense article, calling attention to a better mode of securing cold locally, than the wetted cloths usually resorted to, by whose use a temperature constantly varying from 30° to above 60° is almost unavoidable, and a wet bed generally obtained. Irrigation is inconvenient in many cases, and often impossible. Bladders of ice are objectionable by reason of their weight, and limited range of application. He recommends "a rubber bag with the two surfaces attached at intervals so that when filled with water the thickness will not exceed one-fourth of an inch." To one end a long tube is attached to connect with

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a reservoir of water; to the other a stop-cock and tube to regulate the flow of waste water. He suggests also a coil of light rubber tubing, retained in shape by threads, one end of which shall be long enough to reach a reservoir of water whose temperature may be graduated, and the other by stop-cock regulate the escape of waste water. Suitable tubing costs 15 cts. per foot. The principle is not claimed as new, Dr. Arnott of London having recommended the arrangement with bladders; and a similar invention having been patented years ago in this country.

In the report on Obstetrics which follows, Dr. Logan alludes to the views which heretofore prevailed, as to the pregnant condition being one of plethora, to dissent therefrom. This is timely and still needed. Without saying that there may not be cases where bleeding, during convulsions, is needed as a temporary remedy, it is oftener harmful, prolonging and aggravating them. The condition of the pregnant female is generally rather anemic than otherwise, made so by the nutrient demands of the child; and in proportion as the nervous system is deprived of its required blood-elements, is there a tendency to convulsions, as is seen when any animal slowly bleeds to death, and in children under enfeebling ailments.

If I were to dissent from any part of the report, it would be that portion where an apparently greater sympathetic connexion is attributed to the uterus than to the other organs. Undue importance is generally given to its nervous connexions, and often hysterical conditions exist in which the womb is only a secondary sufferer along with all other active organs, and by no means the exciter of morbid action. In certain excitable conditions of the nervous system, the arrest of the action of the skin, the stomach, the intestines, the lungs, and even the brain in emotional exaltations, without uterine derangement, causes that condition known as hysteria. That the uterus is itself as often deranged by other organs as it deranges them, must be recognized to treat it understandingly. It is the excitable condition of the nervous system at parturition, acted upon by the perturbations to which every important organ is subject at that time, that causes convulsions; and not often either uræmia or albuminuria, which are generally accidental complications. Chloroform, in the impending convulsions, allays that irritability, and hence does good in preventing as well as curing. Other sedatives have similar effects. Dr. Logan is too timid when he fails to recommend it in centric convulsions. Even disease of the cerebro-spinal centers does not forbid its use, when convulsions can be prevented or arrested by it. The diseased organ can better bear chloroform than convulsions.

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In reference to placenta previa, that obstetrician who does not comprehend all the elements of the labor, the child's position, the dilatability of the os uteri, the situation of the placenta and the degree of its separation, the rapidity with which the child can be passed, etc., can never act rationally to avert the accident. To separate the placenta is generally to kill the child, and may destroy the mother, unless delivery can be effected almost instantly; to tampon the os until dilated, may mask the death of the child, yet be unavoidable; to hasten dilatation by dilators is often indispensable; to turn and deliver required sometimes where torpor of the uterus exists; separation of the placenta from one side of the os, especially when but slightly overlapping it and the child is pressing on forcibly, may be all that is necessary; but every combination of elements, in which placenta previa enters as one, must be understood and appropriately treated. So far as he has expressed himself the author has done so well and clearly. His protest against inert looking-on for fear that "meddlesome midwifery" might do harm, is just. Thorough mastery of the elements of labor, with the knowledge of uterine action that long observation gives, will enable the obstetrician to save time and suffering for his patient—and himself. Ignorance only is meddlesome—knowledge, when it offers, helpful.

The Report on Climatology by Tiffin Sinks, M. D., is appropriate, suggestive and brief, and he should by all means follow up the subject. There is in that direction good to his fellow men as well as fame to be obtained. The necessary instruments should be gotten by the Leavenworth Society, (as has been done here) and the subject studied as a specialty even beyond the beaten paths. The influence of temperature, moisture, etc., are scarcely beginning to be understood. When the writer was on duty at the General Field Hospital of the Army of the Ohio, near Corinth, Miss., in June and July, very hot dry months, of 1862, where were collected nearly 1500 patients, almost all of whom were sick with scorbutic fever and diarrhæa, the mortality increased gradually, with the continuance of hot dry weather, from an occasional death up to eight a day; and upon the falling of a cool shower of rain ceased for a day or two; increased gradually to eight a day; and another shower occurring, a day or two elapsed without a death. A suggestive fact, but not yet satisfactorily explained. Meteorology must go hand-in-hand with pathology until these dark places are radiant.

Diphtheria, by J. W. Brock, M. D., is a brief, but intelligent resumé of the subject. In speaking of the fact that diphtheritic exudation is not

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found upon the portions of the mucous membrane removed from the air, the author says "the atmosphere would seem to promote diphtheritic inflammation." He seems to mistake the product for the inflammation; and seems to change his opinion in the course of the essay, as to the identity of scarlatina and diphtheria. The recommendations for treatment, avoiding irritants and depressants and sustaining the strength from the earliest stage with nutrients, tonics, and stimulants, is rational. As much harm may be done by injudicious, as good by judicious, applications to the throat. The exudation is separated and thrown off where the local action is reparative, and does but little harm. Local applications are of less benefit than they appear to be.

Some interesting remarks upon "Infantile or Oblique Fracture of the Vertebra" by W. E. Turner, M. D., giving the the connexion between it and caries, the symptoms, results, and proper treatment, close these creditable Transactions. We have already extended our remarks so far that we can only express our regret that the writer has not been able to give any reliable symptom by which this injury may be certainly known.

The Society has laid out a fine field for its next year's labors, and if its members will only remember that a little task thoroughly done is better than a large one slighted, the Transactions next year will be of greater interest than the present. L. D. W.

Circular No. 7, War Department, Surgeon General's Office. A Report on Amputation at the Hip-joint in Military Surgery. Washington, Government Printing Office, 1867. Imp. 4to, pp. 87.

This Report prepared by GEORGE A. OTIS, *Ass't Surgeon* and *Brev't Lt. Col.* U. S. A., under the direction of the Surgeon General, is a summary of the experience of the war of the rebellion in relation to Amputation at the Hip-joint.

In the beginning Surg. Otis points out the special sources of fallacy encountered in the collection of surgical statistics, and states that in order for such statistics to result in the establishment of rules for the performance of operations, the compiler must "first carefully inquire into the reliability of individual cases and then into the soundness of the method of arranging them, and reasoning on them."

In the collection of the statistics of amputation at the hip-joint during the late war, an endeavor was made to conform to this rule, hence results a report of great value, and one that reflects much credit upon its author.

This introductory is followed by an Historical Summary, covering the period from the time the operation was first proposed until the present.

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This portion of the report will prove exceedingly valuable for reference, as attention is directed in all cases to the original authorities consulted.

Of amputations performed at the hip-joint during the late war, 53 authenticated are reported, with details; 34 of these were performed in the armies of the United States, and 19 in the rebel armies. Other cases have been reported but they have proved to be either falsely reported, or too uncertain to be used for statistical purposes.

Of the 53 cases, 19 were primary, all being performed within twenty hours of the infliction of the injury; 8 were performed by surgeons of the United States armies, 1 by a surgeon of the United States Navy, and 10 by rebel surgeons; 11 died of the direct shock of the operation in from one-half an hour, to ten hours; 3 died in two days; 2 in from eight to ten days; 1 has survived four years, and is now in good health; 2 were in good condition at the end of two, and 1 at the end of six months after the operation; excluding these three cases the mortality was 94.73 per cent., including them, 84.21.

Eighteen intermediate operations were all performed upon patients ill fitted for such procedure. The interval from the reception of the injury to the date of the operation varied from twenty-four hours to one month, its mean length being a little over ten days. All died; 5 of shock, the patients surviving on an average fifty-two hours; 1 lived eight days; 1 died of pyæmia; 2 of gangrene; 2 of hemorrhage; and 8 of exhaustion; 10 were performed by U. S. A. officers, and 8 by rebel surgeons; 4 upon their own men, and 4 upon prisoners. Of 9 secondary operations, 2 recovered and 7 died, being a mortality of 77.78; 3 died of shock; 1 of secondary hemorrhage and lithiasis, seventeen weeks after operation, with stump nearly healed; one of secondary hemorrhage and phlebitis, in twenty-three days; 1 of hemorrhage consequent upon the giving way of the femoral artery at the point of ligation, on the tenth day; 1 on the third day, of surgical fever and erysipelatous inflammation of the stump. Excluding the case in which the patient died of profuse secondary hemorrhage, the patients survived longest in whom the operation was longest deferred. In the 7 fatal cases, the patients survived on an average twenty-two days. The shortest period between the injury and the operation, was forty-three days; the longest, two years nine months, and twenty-one days. The average interval in the 9 cases was four hundred and twenty-nine days. All were performed by U. S. A. surgeons.

Under the head of reamputations, are collected 7 cases, in which amputation had been previously performed in the continuity of the limb;

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4 recovered, and 3 died, being a mortality of 42.85; 1 died of pyæmia in eight days, and 2 of shock in a few hours, being exhausted by previous protracted suffering. In six of the cases the primary amputation was done because of gunshot injuries; 1 because of a bayonet stab of the knee. In 6 of the cases the previous operation was done at the lower third of the thigh, on account of injuries of the knee-joint. In 1 at the upper third for comminuted fracture of the shaft of the femur. In 5 resections of the necrosed extremity of the femur, or extraction of sequestra were practiced between the operations. The shortest period between the primary injury and the disarticulation, was nine weeks; the longest, three years and seven months; the average was nineteen months. In the 4 successful cases the average interval was fifteen months; in the fatal cases two years. In the fatal cases the prior amputation was primary in 2 cases; secondary, and at the upper third in the remaining case. The successful cases followed primary amputation in the continuity, in 1 case, intermediate in 2, and secondary in 1.

The 53 cases reported in detail are also presented in tabular form, together with 52 previously recorded hip-joint amputations in military surgery, of which sufficient details have been published to enable them to be tabulated; 56 other cases are referred to in the historical summary, of which sufficient details have not been obtained to place them in the tables. Of the 161 cases, 142 died, and 16 recovered; 3 being doubtful. If the latter are excluded we have a mortality of 89.87 per cent.

After the tables there is presented the opinions of surgeons, who had the largest opportunities of observing grave gunshot injuries of the higher portions of the thigh treated by the three methods—Amputation at the hip-joint, excision of the head of the femur, and attempts at conservation of the limb—concerning these methods, and cases are reported in which good recoveries were made after serious gunshot injuries to the upper portions of the femur, without operative interference. The whole subject is critically examined under the head of concluding observations. This portion of the report is a model of close reasoning from a profound study of the entire subject. In this portion of the report is noticed the different methods of operating, together with the subjects of anæsthetics and hemorrhage.

The practical maxims deduced are of great importance, and may be briefly stated to be, 1st. That the primary operation is not uniformly fatal as has latterly been taught, but under certain clearly defined conditions should be undertaken. 2nd. That the prevailing opinion that this

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operation should of choice, be performed at an intermediate period, is erroneous. 3rd. That secondary amputations at the hip for necrosis of the whole of the femur, or for chronic osteomyelitis following gunshot injury, may be performed with as successful results as hip-joint amputation for other pathological causes, and finally, that when, after amputation in the continuity of the thigh, the stump has become diseased, re-amputation at the hip may be done with comparative safety.

The body of the report contains numerous illustrations, while at the end are placed nine chromo-lithographs representing successful cases of amputation at the hip-joint, which add much to the beauty and value of a work that will be highly prized by all who may be so fortunate as to obtain a copy. J. R. W.

Catalogue of the United States Army Medical Museum—Surgical, Medical and Microscopical. Prepared under the direction of the Surgeon General U. S. Army, by Brev't Major ALFRED A. WOOHULL, Ass't. Surgeon U. S. A., Brev't Lt. Col. J. J. WOODWARD, Ass't Surgeon, U. S. A., and Brev't Major EDWARD CURTIS, Ass't Surgeon, U. S. A. Washington. Government Printing Office, 1867. Imp. 4to, pp. 961.

This work, voluminous as it is, is only an enumeration of the specimens contained in the Army Medical Museum formed during the late war, at Washington. The work clearly indicates the immense value of this collection gathered together and contributed by the medical corps of the United States Army. To it, the medical profession can point with pride, as it demonstrates how thoroughly fitted were the men composing the medical corps for the high and responsible duties that devolved upon them during the great war of the rebellion.

When the illustrations contained in this magnificent collection are thoroughly studied and the principles they establish are elucidated, our profession may clearly read the lessons taught by the late war, so far as they relate to medicine and surgery.

In the Catalogue 664 pages are devoted to a description of the 4719 specimens contained in the surgical section of the museum, 136 to the 877 specimens in the medical section, and 161 to the 2120 in the microscopical section. The many illustrations contained in the work are in the highest style of art. Indeed, whether considered in relation to the matter contained or to its general appearance, it is no exaggeration to say that the work is a magnificent one. Nothing less, however, could have been expected by those who have ever had the pleasure of official or professional intercourse with the medical officers to whom was assigned the preparation of this catalogue. J. R. W.

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Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M. D., F. R. S. E., Prof. of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. Fifth Edition, with five hundred and thirty-seven illustrations on wood. New York, Wm. Wood & Co., 1867.

Few books on practical medicine have been more potent for good than the one whose title heads this notice. The fifth edition, like its predecessors, has the first part of the volume taken up with lectures, clear, concise and eminently practical, on the Principles of Medicine, including the method of examining patients with all the instruments and appliances used therein; the means of diagnosis; the recent advancement in the Theory and Practice of Medicine, and *why* and *how* these advances were made; General Pathology and Therapeutics, etc. The second part of the volume illustrates its author's views of Special Pathology and Therapeutics, by the detail of some two hundred and fifty cases as paradigms in various diseases, classified according to the system involved, and accompanied by remarks and elucidations.

Prof. Bennett is a clear thinker and an original investigator, holding on to the old ideas that have sufficient basis to support them, but not hesitating to promulge new theories in medicine and new practices, when his judgment has been convicted of their advanced value. We have teachers with calm, broad, penetrating minds, who industriously sift out the assumed from the demonstrated tenets in medicine, and with conscientious fidelity give the result of their labors to the world. In the front rank of this class stands J. Hughes Bennett. He has had ample opportunity and excellent facility to investigate disease clinically as well as theoretically, and his Lectures on the Principles and Practice of Medicine is a noble monument to the superior use he has made of his abundant privileges.

Our opinion is that every practitioner of medicine not already in possession of Prof. Bennett's views should at once procure a copy of the fifth edition of his Clinical Lectures. J. F. H.

The Medical Use of Electricity. By DRS. BEARD and ROCKWELL. Wm. Moore & Co., New York.

This volume consists of a series of papers contributed to the *New York Medical Record.*

The authors advocate *general* instead of local *electrization;* and their success in the treatment of cases of various diseases by this means, certainly warrants the hope that we are upon the threshold of very important therapeutic applications of this agent, so vaunted by some, so neglected

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by others, and of which in the treatment of disease hitherto, really very little has been known.

We observe that the authors give a very decided preference for Dr. Kidder's apparatus. The book, which we hope soon to see very much enlarged, is well worthy the attention of the profession.

Synopsis of the Course of Lectures on Materia Medica and Pharmacy, Delivered in the University of Pennsylvania. By JOSEPH CARSON, M. D. Published by Henry C. Lea, Philadelphia. For sale by Wilkinson & Co., Indianapolis.

A requisite volume for the students of the University, but of no general professional interest.

Biennial Retrospect of Medicine. Sydenham Society, 1867. Lindsay & Blakiston, Philadelphia. For sale by Wilkinson & Co., Indianapolis; Robert Clarke & Co., Cincinnati.

The editors of this Retrospect are Messrs. Powers, Holmes and Windsor, and Drs. Anstie, Barnes and Fagge—names which will at once suggest to the reading physician the great value of their labors, even if this were not sufficiently shown by the volume bearing the endorsement of the Sydenham Society. To all who are not members of the Society, we confidently recommend the purchase of this work. Type, paper, presswork and binding, are quite worthy the well known character of the publishers.

From the same enterprising house we have received the *Physician's Visiting List* for 1868. For many years we have used no other day-book, indeed no other account book of any kind, and we can say nothing better in praise of it. Our friends can procure it from Wilkinson & Co., Indianapolis, or from Robert Clarke & Co., Cincinnati.

The Physician's Hand-Book, 1868. Townsend & Adams, New York.

This is similar in purpose and uses to the *Physician's Visiting List,* only it has a much wider scope, containing a miniature practice of medicine, materia medica, etc. We think its general plan is admirable, and for the ensuing year we propose to try the *Hand-Book.*

Professor Stille's work on *Cerebro-Spinal Meningitis,* and the second edition of Professor Byford's *Medical and Surgical Treatment of Women,* and some other recent publications have been received, but we must delay our notices of them until our January issue: one of these publications, *Hufeland on the Art of Prolonging Life,* (published by Lindsay & Blakiston, Philadelphia, for sale by Wilkinson & Co., Indianapolis, and by

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Robert Clarke & Co., Cincinnati,) is so well spoken of by Dr. Clarke in his excellent paper on *Longevity*, that we shall not include it among books for future notice: it is a work that a physician may procure for himself, and have his intelligent patients procure it—its thorough reading will be beneficial to both parties.

MISCELLANY.

Longevity of Man. By D. Clark, M. D., Richmond, Indiana.

A valuable little work on the "Art of Prolonging Life," written in the latter part of the last century, by Christopher William Hufeland—a Professor of Medicine in the University of Jena—and recently edited in England by Erasmus Wilson, F. R. S., has just been republished in this country by Lindsay & Blakiston. Every thoughtful physician who takes the trouble to peruse it, will find himself richly repaid. The author was evidently a medical philosopher of close observation and extended reading. The book is divided into three parts.

Part First, consisting of nine chapters, contains, amongst other valuable matter, an inquiry into the nature of the vital power, its properties and laws—facts and observations on the duration of the life of plants, of the inferior animals, of man in all ages of the world—and the different means empirical as well as rational, which have been resorted to amongst the various nations of men to increase the number of their years. The author maintains that the duration of the life of man is the same at all periods of history—and accepts the chronology which regards the years of the antediluvians as consisting of only three months—and according to which the age of Methusalah would be only two hundred and forty-two years. He believes "that the organization and vital power of man are able to support a duration and activity of two hundred years"—and fortifies this conclusion by the general rule, "that an animal lives eight times as long as it grows," and the assertion that "man in a natural state requires full twenty-five years to attain his complete growth and conformation." The writer remembers to have heard Prof. Samuel Jackson, in his lectures, state the rule for the term of life as *five* instead of *eight* times the age of full maturity, from which, if we regard the human organism complete at

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twenty years, we may infer that man should live a century, which age has in fact been attained in numerous instances.

If we turn now from the question, How long *may* man live? to the equally important one, How long *does* he live? we shall be painfully impressed with the evidence of our mortality, and that too, even if, instead of the two hundred years of Hufeland, or the one hundred years of Jackson, we take what is usually regarded as the Bible standard for the length of life—the "three score years and ten" of the Psalmist.

The editor of the work before us states that according to the Registrar-General's reports, "in 1845 nearly one-half of all the children born in Birmingham died under *five* years; the entire half in Manchester died in the same period, and more than one-half in Liverpool."

The author himself however, gives the following table of "the relative duration of human life at present, which is doubtless general and not local in its application," viz:—"Of a hundred men who are born

50	die	before	the	10th	year,	
20	"	between	10	and	20	
10	"	"	20	"	30	
6	"	"	30	"	40	
5	"	"	40	"	50	
3	"	"	50	"	60	

Therefore only 6 live to be above the age of 60."

In another place he states what we presume no physician of observation will be disposed to deny, that "nine-tenths of mankind die always prematurely, and by the effects of disease."

Four methods are laid down by which human life may be prolonged.

"1st. By increasing the vital power itself.

2d. By hardening the organs.

3d. By retarding vital consumption.

4th By facilitating and assisting restoration."

His "portrait of a man destined to long life," is curious, and we are tempted to give it in full.

"He has a proper and well-proportioned stature, without, however, being too tall. He is rather of a middle size, and somewhat thick-set. His complexion is not too florid; at any rate, too much ruddiness in youth is seldom a sign of longevity. His hair approaches rather to the fair than the black; his skin is strong, but not rough. His head is not too big; he has large veins at the extremities, and his shoulders are rather round than flat. His neck is not too long; his abdomen does not project; and his

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hands are large, but not too deeply cleft. His foot is rather thick than long, and his legs are firm and round. He has also a broad, arched chest; a strong voice, and the faculty of retaining his breath for a long time without difficulty. In general, there is a complete harmony in all his parts. His senses are good, but not too delicate; his pulse is slow and regular. His stomach is excellent, his appetite good, and his digestion easy. The joys of the table are to him of importance; they tune his mind to serenity, and his soul partakes in the pleasure which they communicate. He does not eat merely for the sake of eating, but each meal is an hour of daily festivity; a kind of delight, attended with this advantage in regard to others, that it does not make him poorer but richer. He eats slowly, and has not too much thirst. Too great thirst is always a sign of rapid self-consumption. In general he is serene, loquacious, active, susceptible of joy, love and hope; but insensible to the impressions of hatred, anger and avarice. His passions never become too violent or destructive. If he ever gives way to anger, he experiences rather a useful glow of warmth, an artificial and gentle fever, without an overflowing of the bile. He is fond, also of employment, particularly calm meditation and agreeable speculations; is an optimist, a friend to nature and domestic felicity; has no thirst after honors or riches, and banishes all thoughts of to-morrow."

In the Second Part we are presented with various means by which human life is shortened, and in Part Third a detail of the best methods of prolonging the same. The whole makes a valuable and readable book, which we commend to the attention of the profession and the public.

The subject of longevity is a very important one, and not less so to the physician than to the statesman and philanthropist. If "the man who makes two blades of grass to grow where only one grew before, is a public benefactor," still more is he to be regarded as such, who is in any way instrumental in lengthening out even for a few months or years, the brief span of mortal existence. The conscientious physician may well consider the importance of dealing tenderly with the delicate organization of that material frame which is "so fearfully and wonderfully made"—of playing lightly and skillfully upon this "harp of a thousand strings,"—and of being careful lest in his contest with disease, his weapons may injure the vital power itself—and so his patient receive present relief at the expense of a debilitated constitution, and a shortened life. Not that the physician should be so fearful of doing harm, as to fail to do any good—not that he should follow the indications before him with a faltering or hesitating step—but that while studying the "genius of epidemics," he study also the effects of medicines, not forgetting that many articles of the materia

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medica are potent for evil as well as good—nor the aphorism of Boerhave, (if I remember rightly,) that every remedy becomes such "*tempestivo usu*," by its *timely* use.

But medical men can exert a still greater influence in favor of longevity, by spreading the knowledge and promoting the observance of hygienic laws amongst their patrons—by bringing to bear their skill and experience for *preventing* disease as well as *curing* it—by *educating* the community up to a proper sense of the criminality and perniciousness of voluntary abortions—and by striving to promote healthy marriages, so as to reduce to a minimum the transmission of hereditary taints.

Apropos to this subject, I will state that a series of articles on the "*Longevity of Friends*," has been published during the present year, in a denominational periodical at Richmond, Ind., by Wm. B. Morgan, A. M. Professor of Mathematics in Earlham College

It should be stated at the outset that each "Monthly Meeting" of the Society of Friends keeps a regular record of the births and deaths occurring within its limits. I presume that the results obtained by the investigations of Prof. Morgan will not be devoid of interest to the readers of the JOURNAL. I tabulate them as follows, viz.:

Average length of life for the world,					32 years.
"	"	"	"	Massachusetts,	$26\frac{1}{2}$ "
"	"	"	"	Kentucky, (*Whites*,)	$20\frac{2}{3}$ "
"	"	"	"	" (*Blacks*,)	18 "
"	"	"	"	Charleston, S. C.,	$30\frac{1}{3}$ "
"	"	"	"	Boston,	$23\frac{1}{4}$ "
"	"	"	"	New York City,	$21\frac{1}{6}$ "
"	"	"	"	Philadelphia,	$23\frac{1}{2}$ "

Of 391 persons whose deaths are recorded within the limits of three Monthly Meetings in Grant Co., Ind., the average age was - $18\frac{1}{3}$ years.

Of 367	persons	in	Whitewater M. M., Wayne Co.,		$26\frac{5}{6}$ "
" 81	"	"	Chester " " " "		$29\frac{1}{4}$ "
" 144	"	"	Springfield, O.,		$21\frac{2}{3}$ "
" 240	"	"	Mill Creek M. M., Hendricks Co., Ind.,		$26\frac{5}{12}$ "
" 160	"	"	Cherry Grove M. M., Wayne,		$24\frac{2}{3}$ "
" 1196	"	"	Philadelphia, Pa.,		$38\frac{5}{12}$ "

Of 427 persons who died within the limits of *one monthly meeting* in Philadelphia, (there being four in all,) average age

From 1830	to 1840,		$33\frac{1}{12}$ years.
" 1840	" 1850,		$41\frac{3}{4}$ "
" 1850	" 1867,		$56\frac{1}{3}$ "
For the whole period,			$46\frac{2}{3}$ "

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In reference to the great difference between Philadelphia and the West, Professor Morgan remarks: "Is a residence in the city more favorable to long life than one in the country? Other things being equal can the hardships of pioneer life make all the difference between Philadelphia and the West? Or is it probable that the region of Philadelphia is more healthful than the West? How much of the difference is to be attributed to peculiarities in social and domestic life? How much to difference in religious character and habits?"

It will also be interesting to notice that the average for Friends in Philadelphia is nearly double that for the general population in the same city.

"The average of 944 Friends who died in Great Britain in 1855, '56 and '57, is more than 52 years."

Of 619 persons who died within the limits of Birmingham Meeting, England, the average age

	MEN.	WOMEN.	BOTH SEXES.
From 1782 to 1807	31	$31\frac{11}{12}$	$31\frac{1}{2}$
" 1807 " 1832	$39\frac{7}{12}$	44	42
" 1832 " 1857	$41\frac{11}{22}$	$46\frac{10}{12}$	$44\frac{9}{12}$

The tendency of all the statistical tables within the knowledge of the writer, is to show that the average of human life is gradually increasing. But none should be satisfied till the deaths from disease are reduced to a minimum, and those from old age increased to a maximum. He who attains to his 70 years, finds life sufficiently short when measured by its duties and responsibilities. Life is a positive good, and its abbreviation—independently of the beneficent arrangements of Providence—a positive evil. Let every physician then strive by example and precept to promote the adoption of such regulations, spiritual, moral, mental and physical, as may tend to lengthen out this mortal span, and so advance the glory of God and the welfare and happiness of mankind.

Velpeau's Last Legacy.

"Il faut toujours travailler, mes amis:"

This was the last sentence ever uttered by the great Velpeau. How sublime the thought of a man who has passed his three score years and ten, having achieved all that men call success in life,—wealth, fame and highest honors,—lifting his frosted head from his dying pillow, to give a

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farewell clinique to the friends who stood in sorrow around his bed. For thirty years he has lectured to thousands who have marveled at his practical knowledge and wondrous skill among his patients in the hospitals of Paris. And now, when the fires of life have burned their lowest, like the brilliant spark that shoots from the dying ember, he casts off this meteoric sentence, in which lies the secret of his life's success: "It is necessary to work always, my friends." And wrapt in a mantle of good and honored memories of all mankind, Velpeau died.

Velpeau was the son of a village blacksmith, and began his studies at an age when most young men have "finished theirs;" and without the aid of fortune or brilliant genius, but with love for, and honest zeal in, his profession, he labored diligently for the calling he had chosen. Nothing could distract him from the line marked out. No "outside" speculations; no political favors to be courted for professional advancement; hospital positions were won through the honorable contest of the *Concours*. The honors of authorship were attained by long and carefully studied cases, involving minute comparison and record; authors, old and new, must be read; foreign languages were mastered; ingenious experiments made; results weighed and preserved. All this was done, and yet general practice not neglected, and the whole round of duties of a strictly professional nature was filled.

Could Velpeau have left a richer legacy to his *confreres* than his life's example and his dying words? Let the physicians of the West treasure up the secret and act upon it. Success is sure to follow.

Is there a reason why we should ever be pointed at as professional parasites upon the knowledge tree of European Science? No, we need not be drones in the professional hive, but may gather honey for ourselves, if we will work.

There are too many hours wasted waiting for practice in "dull times;" hours in which important cases might be preserved in writing; new phenomena of disease recorded; a new language mastered; new theories tested, and experiments made; all this might be accomplished by every one by *always working*.

He who spends much time in reading the newspapers, or sitting on the whittled edge of the lounging box of the grocery store, listening to the scheming politician—having himself, perhaps, an eye to office—indulging in theological debates, or county quarrels, can not benefit his profession, or do justice to his patients. Such an one will still treat typhoid fever with large doses of calomel; daub varicose ulcers with salves; burn fistula in ano with caustic; swear ergot will not contract the uterus; call

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every cough "consumption," and every female complaint "falling of the womb."

On the other hand, should every Doctor in our land "work always" in his profession, how soon would we be lifted up in our scientific standard; how many useful things would be discovered, and many useless things be done away.

The causes of disease would be better known; statistics as to treatment and results would pour upon us a flood of much needed light. All this would be, if Doctors would *work* in their calling. Let them bear in mind the advice given in an old English poem:

"Wise men always
affirm and say
that it is best for a man
diligently
for to apply
to the business he can,
and in no wise
to enterprise
Another facultie.
A simple hatter
Should not go smatter
in philosophie;
nor aught a peddler
become a meddler
in theologie."

There is no doubt that many physicians are desirous enough of winning practice, fame and wealth, or of doing good, who are kept back by undue timidity, excusing themselves upon the lack of early qualifications. But let them at once put in force the advice of Velpeau, and they will be qualified for any thing; if a physician does not write down his causes of imperfect chirography, bad spelling, or grammatical errors, let him because work at it until he overcomes the difficulty. If he is prejudiced against "book doctoring," let him study "doctor books" and journals more carefully, and point out their errors, and prove wherein his practice is more successful and more rational.

If Velpeau was renowned, or Mott celebrated, it was because they *worked always*. Liebig is eminent as a chemist, Beale world-known for microscopy, Dalton and Flint have become famous as physiologists and experimenters, simply because they are all working men in their profession.

And the field is open to every man; the reward is held forth to each one. With an eye single to professional advancement, remember that "It is necessary to work always, my friends." F.

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Memorandum on the Nature and the Mode of Propagation of Phthisis. By WILLIAM BUDD, M. D., Consulting Physician to the Bristol Royal Infirmary.

"He that would follow philosophy must be a freeman in mind."—PTOLEMY.

[NOTE FROM DR. PAGET TO THE EDITOR OF THE LANCET.]

SIR,—The paper I send enclosed was received by me last December, in a sealed packet, from Dr. William Budd, of Clifton, with a request that I would take charge of it until he should direct me to break the seal. At his desire, I opened the packet a few days ago, and I now send you the contents, requesting the favor of their early publication in *The Lancet.* They are an epitome of what Dr. W. Budd has been for some time intending to publish in a more complete form; but his intention has been frustrated, and is still delayed, by the engrossments of professional practice and other circums ances beyond his control.

You will at once perceive the originality of his views, and their very high importance if established. If the evidence now given of their truth be incomplete, it is at least abundantly sufficient to raise them out of the region of mere hypothesis, and ensure their careful consideration by pathologists.

In a letter to me Dr. W. Budd says he can show strong reasons for believing that his views on tubercle, with certain qualifications, apply to cancer also. I am, etc. G. E. PAGET.

Cambridge, Sept. 50th, 1867.

The following are the principal conclusions to which I have been led regarding Phthisis or Tubercle:—

1st. That tubercle is a true zymotic disease, of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, syphilis, etc. etc., are.

2nd. That, like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession.

3rd. That the tuberculous matter itself is (or includes) the specific morbific matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society.

4th. That the deposits of this matter are, therefore, of the nature of an eruption, and bear the same relation to the disease, phthisis, as the "yellow matter" of typhoid fever, for instance, bears to typhoid fever.

5th. That by the destruction of this matter on its issue from the body, by means of proper chemicals or otherwise—seconded by good sanitary conditions,— there is reason to hope that we may, eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge.

The evidence on which these conclusions are founded is drawn from the following principal sources:—

(*a*) Considerations based on the pathology of phthisis, as showing it to consist in the evolution and multiplication within the organism of a specific morbid matter, with a universal tendency to elimination and casting forth of the same, after the type of zymotic diseases generally.

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(*b*) Actual instances in which there was evidence to show that phthisis was communicated from one person to another.

(*c*) The geographical distribution of phthisis in past and present times, and, especially, its great fatality now in countries which when first discovered by Europeans were known to be entirely free from it.

(*d*) Its much greater prevalence in low levels and among crowded communities, and its entire absence, unless by casual importation, at very high levels,—conditions which are well known to rule, in the same directions, the spread of zymotic diseases generally, and especially of that group in which, as in phthisis, the morbific matter is cast off in a liquid form.

(*e*) Its very high rate of prevalence in convents, harems, barracks, penitentiaries, etc.—that is to say, under the very social conditions which are known most to favor the propagation of diseases of the zymotic group.

Among the data relating to geographical distribution the following striking facts may be here mentioned:—

1st. When the South Sea Islands were first discovered phthisis did not exist there. Since the aborigines have come into intimate contact with Europeans, the disease has not only made its appearance among them, but has become so wide-spread as to threaten their extermination.

The contrast between original entire immunity and present extreme fatality is very striking, and can only be rationally explained by the importation of a new and specific morbific germ.

Try every other supposition, and the facts are inexplicable; make this one supposition, and they are at once explained.

2nd. The late Dr. Rush, of Philadelphia, who made very accurate inquiries to determine the point, satisfied himself that when America was first discovered, phthisis was unknown among the native American Indians. Now it is very fatal to them.

The very significant contrast here exhibited between the past and present history of these two races, in respect of phthisis, is exhibited at once, and at the present time, among the negro race in Africa, in different parts of the area of that great continent.

It is well known that negroes are peculiarly liable to phthisis.

Now, every where along the African seaboard where the blacks have come into constant and intimate relations with the whites, phthisis causes a large mortality among them. In the interior, where intercourse with the whites has been limited to casual contact with a few great travelers or other adventurous visitors, there is reason to believe that phthisis does not exist. Dr. Livingstone and other African travelers have given me the most positive assurances on this point.

The idea that phthisis is a self-propagated zymotic disease, and that all the leading phenomena of its distribution may be explained by supposing that it is disseminated through society by specific germs contained in the tuberculous matter cast off by persons already suffering from the disease, first came into my mind, unbidden, so to speak, while I was walking on the Observatory hill at Clifton, in the second week of August, 1856. The close analogy in many quite fundamental points between this disease and typhoid fever had often impressed itself on me with very great force while I was engaged in the study of the latter, and in the preparation of

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the papers I have published on it. I now saw with a clearness which had never occurred to me before, that, with the exception of the qualifications necessary for their application to a chronic disease—for the most part of slow evolution and indefinite duration.—the leading conclusions to which I had been led respecting the propagation of the fever, might be applied with the same strictness to phthisis also.

This idea had no sooner taken possession of my mind than considerations of great force and in overwhelming number crowded upon me in illustration of it.

In the course of the same evening I drew up some notes on the subject, and before the end of the month my views upon it had taken, in outline, the exact shape which they now have. The long interval which has occurred between the summer of 1856 and the present date has been occupied in collecting data bearing on the various questions raised by this new theory—in accumulating evidence of various kinds, and in examining and carefully weighing difficulties. During the whole of this long time the subject has scarcely ever been absent from my mind. The result has been only to confirm me more and more in the truth of my first conclusions. I earnestly hope that they will not be lightly rejected. At any rate, I can say that they have not been brought forward in haste or without due deliberation. I have, in fact, considerably exceeded the ten years, which, with a fine sense of what is due to such an enterprise, the Roman poet prescribed as the time to be given to every composition intended by the writer to endure.

Many causes have helped to prevent me from giving my views on this subject sooner to the world. Chief among them I may name want of time to put them into that scientific form, and clear logical order, under which alone an innovation so daring has any chance of being entertained, much more of being accepted, by the profession. This task, however, I hope to complete in the course of a few months. Meanwhile I have thought it well to place this memorandum, by way of record, in the hands of a friend, to be made public at any moment should occasion seem to require it.

Manor House, Clifton, Dec. 1st, 1866.

The Physiological Action of Alcohol.—Dr. Anstie, of London, in a communication upon this subject, to the *Lancet, Nov.* 9, says:

But I wish, without loss of time, to mention an important fact. Dr. Parkes has kindly directed my attention to a paper published last year, in Germany, which I had, curiously enough, quite overlooked. It is a series of researches by Dr. Schulinus, on the question of the supposed elimination of alcohol in an unchanged form. The experiments (which may be found in the *Archiv f. Heilkunde*, 1866,) are very careful and elaborate, and they conduct their author to the following conclusions:—1. That the effects of alcohol upon men and animals is a uniform one. 2. That the largest portion of any ingested dose of alcohol is always in the blood, and not in the nervous centers or liver. 3. That the greatest portion of any dose of alcohol which may be taken is always *decomposed* in the organism. 4. That the proportion of alcohol which escapes unchanged in the breath, the sweat, and the urine, is trifling relatively to the amount which is utilised in the body.

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Any one who takes the trouble to read Dr. Schulinus' paper will see at once that my own experiments must have been entirely independent of those of the German physician. This greatly strengthens the position which I have always assumed on this question. I have never, for a moment, admitted the validity of the conclusions which MM. Lallemand, Duroy, and Perrin have drawn from their experiments, which, though apparently elaborate, really lacked the most important requisites for a fair examination of the question whether alcohol is a food or not.

It may now be fairly stated, I think, that the independent evidence of M. Baudot, of Dr. Schulinus, and of myself (assisted as I was by the great experience and chemical knowledge of Dr. Dupré,) has finally dismissed the total-elimination theory.

Doctors and Patients.—The last paper related chiefly to the difficulties and disagreements arising in the relations of medical men with their patients, from the varying characters and failings of the latter. This time attention will be drawn to a very prevalent misconception on the part of doctors, which is the foundation of many of those personal squabbles for which, in past times at least, the profession has been so unhappily famous. The fundamental error alluded to is this:—Because patients are a source of income, and in that sense, of property, it is too often concluded that a property in patients can and does exist. Hence, when Dr. A., who has (for services rendered) received sundry golden equivalents from Lord Blank, or Lady Dash is superseded by Dr. B., he is apt to regard the latter as having picked his pocket! Of course we assume that in this simple statement there is nothing suppressed, no previous unprofessional conduct on the part of the last called in—but simply a change of doctors from the patient's own choice, or that of his friends. There can be no question here of the wisdom or folly of such a step—that is clearly for the patients themselves to decide, and they have to take the consequences. All that we contend for is, that no medical man can logically, legally or equitably establish a property in a patient who pays him fees. We are quite sure of this that the public themselves never will consent to be regarded in this light. And this none the less that from a variety of motives, as habit, fashion, or personal esteem for a surgeon, a great number, perhaps the majority of his patients may be transferred from himself to his successor, for should the new-comer be personally disagreeable or damaged in reputation, the clients may soon show that they are not to be bought and sold like a flock of sheep. So far the public are right, and our friends in the church, or at the Bar will no doubt have a good laugh at the doctor, albeit they perhaps are not quite free from the same feelings, when a client or a parishioner declines their accustomed services. Is the doctor altogether wrong then? and is it possible that an idea, founded on an absurd hypothesis, can seriously sway the members of a liberal and (to use the word in a broad sense,) a learned profession.

Does not the last word supply the key to the mystery? It is precisely in the fact, that although a *trade*, in the sense of being plied for hire, physic can never be a mere trade—scarcely even in the hands of the veriest hireling in its ranks. Consider the doctor as a mere trader, and he

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has one of the nastiest businesses in vogue, but the very nature of his occupation compels him to risk a kind of capital which essentially elevates his calling by rendering it similar to that of the artist, and that of other professional men. In the commonest transactions with his patients, he is compelled to venture his personal character—his fame, etc., his representation in the art he professes.

No doubt in a certain sense the grocer who sells you sand for sugar, does so at the peril of his soul; and risks his character as a trader, and a honest man; but it requires no lengthy consideration to show us that a medical man ventures far more, and his patients entrust to him far more, and things of higher value than are dealt with by the grocer or the shoemaker. Nor is the argument at all weakened by the fact, that the best tradesmen and the best artificers are often artists in their own callings, and import into the commonest transactions of trade the artistic and professional spirit.

The honest workman will always, unless he be the merest clod, and the dullest of the dull, take a certain pride and interest in his work, or his merchandise. But it is in the nature of some kinds of work to demand more of this than others do; and this is especially the case with the doctor's craft. For, consider for a moment, what you do when you entrust to the doctor's care the health, and life of your wife, or daughter, or yourself. It is not merely that he undertakes the care of so many pounds weight of organized elements, so much bone, nerve, muscle and blood, and all the rest of it. You trust him with the honor of families—with happiness—and virtue—and sometimes with the destinies of nations. And he in return, trusts you to a certain extent, with his character and his fame, and offers you in exchange, for a smaller or larger remuneration, the result of years of study and experience. And if further proof were wanting that the public does recognize the difference between the mere tradesman and the members of our profession, it would be afforded by the almost universal blame with which the doctor is credited, who refuses to turn out at night to a chance case of accident or illness, should the event prove unfortunate. For if he merely have so much skill to sell, why is he worse when he puts up his shutters and closes his shop, than the baker or the butcher who does the same? The fact is, that rightly or wrongly, the doctor's patients credit him as they do the clergyman, with the possession of moral qualities, of which rightly or wrongly, they demand the exercise. This is one reason why having ventured so much, or (if you like to put it in a hard and intelligible form, in good plain English,) having offered to sell so much for so little, the doctor feels that he has, as it were, embarked his capital in the case which has just been taken away from him. Hence it is that many a "doctor's row" has originated at the bedside of a pauper, or of those but little removed from that rank of life. Hogarth, whose satire was generally as true as it was pungent and keen, represents the faculty as squabbling over the death-bed or death-scene of a poor courtezan. But there is yet another reason why doctors like to retain their patients apart from all considerations of fees. It is the peculiar property of cases of illness or accident, to awaken in the minds of their medical attendants, a special interest of their own. We presume

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the medical instinct which looks upon the patient as a "case" (it may be a rare, and interesting, or in medical jargon, a "beautiful" case,) is one of those conservative plans which find their place in the general scheme of providence. No doubt it is not flattering to an aristocrat to find, that the vibrations of a little bit of abnormal fibrine on the edge of one of his cardiac valves is of greater *interest* to his physician than his pedigrees or his personal accomplishments, but in the end it is no doubt better that it should be so, for from this arises the necessary consequence that the dangers of a careless routine are far more likely to be avoided than by any other considerations.

A little further consideration will also teach the public that the very failings of doctors, at least that "ridiculous" vanity, which is only another name for jealousy of professional reputation, must prove an additional safeguard to their patients, since it impels them to further exertions to maintain their positions in the medical world.

But this interest in their cases, and the loss of repute involved in losing a case by the advent of another practitioner, will account for many a professional controversy, apart from the *sacra auri* fame which, no doubt, sometimes plays a part. Further, there are men in our ranks whose fame and fortune preclude them from the sway of meaner motives, and whose kindness of heart impels them to seek their patient's real welfare, and who yet may feel and express a lively dissatisfaction at the loss of a patient, even when he or she falls into the hands of perhaps a better man than themselves. How can this be? The answer is not far to seek. If any medical practitioner has been long in attendance upon any patient, he acquires insensibly and gradually, a far truer knowledge of the patient's real state and habits (technically called "a knowledge of his constitution,") than almost any other man, however skillful, can hope to acquire in the period of any single illness. If all patients were "addicted to the truth," the simple, naked truth, the matter might be of less consequence—but "poor humanity" is so inclined to throw a mellow varnish over the cracks and flaws of its character, that the true knowledge of its condition is often only to be acquired by slow degrees. It is true that improved modes of physical diagnosis, and the experience of numbers of cases gained in hospital practice, are rendering us gradually less and less dependent on the veracity or mendacity of our patients; but this does not alter the fact that the plain and somewhat old-fashioned family doctor is often a safer guide than the more scientific luminaries of the profession, if the latter be strangers to the patient.

And the scientific physician or surgeon, who after making himself thoroughly acquainted with the patient's disease, and having explored its "ins and outs" by the aid of his former experience, helped out with all the appliances with which modern science supplies him, is suddenly superseded by another practitioner, must, to say the least, feel much as a book-collector, who, after discovering and appropriating a rare Elzevir or original Shakespeare which he fondly thought his own, feels should he suddenly find it claimed by a rival collector—or as one who finds out, and carefully cleans a Titian or a Rembrandt only to discover that it has been stolen from his neighbor's picture gallery.

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In these aspects, we hold that there is much excuse for the medical practitioner who clings to his patient with a leech-like pertinacity, and were our object in writing merely to defend the profession to which we belong, or were our remarks solely addressed to the public, they might well terminate here. But as we write also and chiefly for medical men themselves, we can not refrain from earnestly entreating them to remember, that after all their patients are merely human, and not possessed of super-human virtues, and that therefore, if the tact and skill, and personal qualities with which they themselves are endued, fail to win the confidence of their patients, it is far better to acknowledge the failure, and to recognise the business aspect of the transaction (for every profession must have its business side.) Their own dignity would suffer far less in an orderly retreat than in a noisy and disorderly flight. And the doctor who is true to himself, and gives no flattering opinion from mere complaisance, or from unworthy anxiety for filthy lucre, will often find that "Honesty is the best Policy," and that although dismissed from caprice or impatience, he will be recalled triumphantly when time has proved the truth of his prognostications. And, far as we are from admiring the principles or the practice of the British medical tradesmen, we yet believe that many in our ranks would do well to take a few leaves out of his book.

A tradesman-like attention to the affairs in which he is engaged, and the business-like qualities of order and punctuality would be no detriment to the most scientific or professional man amongst us.—*London Medical Mirror, November* 1867.

Amateur Doctoring.—An inquest was held last week, by the Deputy Coroner for the Eastern Division of the county of Middlesex, on the body of a child two years of age, the son of a shoemaker of the name of Jessop, of Bethnal-green. It appeared in evidence that the child had suffered from what was supposed to be uncomplicated measles, and for which the father treated it. He took for his guide a certain book entitled "The Family Medical Adviser," by John Skelton, physician, surgeon, etc., author of "A Plea for the Botanic Practice of Medicine," etc., and "published by the author at 105 Great Russell-street, Bloomsbury." The child died, as was proved by the evidence of Dr. Sarvis, from inflammation of the lungs, and not from measles. The treatment was improper. After some very judicious remarks by the Coroner, in which he stated that if the jury took one view of the question, Jessop might be sent to Newgate, the following verdict was returned:—"Death from inflammation of the lungs, and the jury severely censure the father for not calling in medical advice."

We notice this case because there is too much reason to believe that the system of amateur doctoring, with all its absurdities and dangers, is much more prevalent than is generally supposed. Thousands of lives are sacrificed annually at the shrine of amateur and irregular practice. Cases of this kind are doubtless rare in which the causes of death are submitted to a coroner's inquest. There is not, however, a practitioner in the kingdom who has not been called in at the last extremity to witness the death of a patient who has been sacrificed to the do-nothing system of homœopathy practised by believers in "Family Guides," to the

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treatment of prescribing druggists, to the improper administration of powerful medicines, or to the perverse stupidity of a certain class of individuals who have "no faith in doctors," and probably in nothing else than in their own ignorant infallibility. Goldsmith said that in England one could always meet with men who are amateur politicians and physicians; one could cure all the diseases of the State, and the other all the diseases of the body Verily "England is the Paradise of quacks." It seems marvelous that in the present age, so remarkable for the extension of knowledge in all departments of natural science, the education of a very large portion of the public is so deficient in matters touching life and disease. It is urged as an excuse that medicine is by no means like mathematics or engineering, one of the exact sciences, and that it never can be so. But we answer that at no period of the history of mankind was the accurate diagnosis of disease by competent persons more satisfactory than at the present moment; that upon the accurate diagnosis of a case its successful treatment depends.

With the increased spread of education, it is to be hoped that the faith in amateur doctoring may diminish and die out. It is founded in the grossest ignorance and the worst of all prejudices.—*London Lancet, November* 16.

In our advertising columns notice is given of the opening of a new School of Medical Specialties in Boston. Specialties are often lectured upon in the Preliminary and Summer courses of our colleges; but as a separate and distinctive school we believe this is the first of its kind in the country. To students it will be of the greatest advantage and convenience, as it offers to them the opportunity of a very full course without interfering with their regular duties. From the known ability of many of the gentlemen connected with this enterprise, we do not doubt its popularity and success.—*Medical Gazette, November* 16.

The Learned Professions in England.—It is stated of the three leading professions, that in England the number of persons belonging to each is nearly the same—viz., 35,995 medical, 35,483 clerical, 34,970 legal.—*Boston Medical and Surgical Journal, November* 14.

Period of the Growth of Man.—Prof. B. A. Gould, from statistics derived from the register of two and a half millions of men in the United States Army, has brought out the fact that men attain their maximum stature much later than is generally supposed. This takes place commonly at 29 or 30 years of age; but there are frequent instances of growth until 35, not very noticeable—a yearly gain of a tenth of an inch, perhaps—still a growth. After 35, the stature subsides in similar proportions, partly perhaps from the condensation of the cartilages, partly because of the change occurring in the angle of the hip-bone. The age for maximum stature comes earliest to the tallest men, as if it were the necessity of unusual development. Foreigners were shorter than men of native birth. The height of men seemed to depend on the place of enlistment. A Massachusetts man enlisting in Iowa was an inch taller than if he had stayed at home. As we go [illegible] men grow taller. One man

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measured more than 6 feet 10 inches. Out of 1,000,000, there were 5,000 who measured more than 6 feet 4 inches; but men of such stature do not wear well. In Maine, men reached their greatest height at 27; in New Hampshire, at 35; in Massachusetts, at 29; in New Jersey, at 31. The tallest men, of 69 inches, come from Iowa. Maine, Vermont, Ohio, Indiana, Minnesota and Missouri, give us men a little over 68; and the average of all shows the Americans to be "a very tall people.—*Medical Record, November* 15.

Medicines used now and in Galen's time.—Opium is at the head of this list, for there is, I suppose, scarcely a known use of opium which was not understood then. Galen, perhaps, used it more freely than we should in cases of continued fever where there was much pain, insomnia, or great excretion; and it was the favorite medicine in his time in cases of bronchitis, with abundant expectoration and troublesome cough.

But opium was also the chief ingredient (combined with almost all known aromatics and stimulants,) in the various "antidotes" which were taken habitually by the Romans to preserve them from the ill effects of poison, of the bites of venomous animals, and of bad diet, These antidotes, or "theriacæ," came afterwards to be used in the treatment of almost all diseases, in an indiscriminate manner, the rationale of which it is difficult for us to follow.

Trousseau and Pidoux, in their ingenious endeavor to explain the action of cinchona in malarial fevers, point out that these compounds must have had something of the same effect as bark, which they call "a kind of natural theriaca; and this is no doubt the real explanation of their former value and present neglect; they served a purpose which is now more effectually answered by cinchona and its derivative. It is much more difficult for us to understand how the theriacæ could preserve from the venom of serpents, yet the author of the treatise "De Theriaca ad Pisonem" had his facts (if facts they were,) to go upon. "No one has ever been known to die who took theriaca immediately after having been bitten by one of those animals which destroy life; and if any one takes it, and is bitten soon afterwards, its venom is harmless, as has been frequently proved by judges, who (having power to put to death and to pardon, and being desirous of trying this medicine,) have given it to criminals condemned to death." The author then goes on to say that he had tried the same experiment on wild fowl, and with the same results.

Squills, again, were employed for the same diuretic and expectorant effects as by us. They were sometimes pushed to a dangerous extent, for, after one prescription containing squills, Galen remarks, "It is a good remedy, and after its use patients pass blood by urine."

Aloes, galls, all the terebinthinate drugs, the resins and gum-resins, were much more largely employed than at the present day; while scammony, castor oil, colocynth, henbane, conium, and many other medicines, were equally well known. The root of the male and female ferns were used to destroy the tænia, and also as a bitter in chronic bronchitis and liver disease. Rhubarb (probably from its scarcity) was but little employed.—*British and Foreign Medico-Chirurgical Review, October* 1867.

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Paris Letter.

PARIS, November 13.

The opening lectures at the Paris Faculty of Medicine have again been disturbed by one of those students' rows which now seem to have become endemic in this city. The suppression of the *s'ance d'ouverture*, and the foreign policy of the Government, are stated to have been the exciting causes of the present movement, although that riotous tendency which is so apt to prevail in any numerous body of young men may fairly be entitled to a share. In fact, however unpopular the late measures of the French authorities may have been, it seems hardly fair to inflict the penalty upon the scientific men who come forward to impart official instruction, and who most certainly would not have voted in favor of the Holy See if they had a voice in the matter.

When Professor Gavarret attempted to open his course of physics, he was cheered and interrupted by the students, who told him they had the greatest sympathy for his person, but would not allow him to proceed. When Professor Robin, the next day, attempted to open the course of histology, he was obliged to retire after an ineffectual struggle of ten minutes. On the third day, the opening lecture on general pathology was preceded by a speech from the Dean, M. Wurtz, who told the students that he was far from feeling on a bed of roses, and that, if it were not for the sake of the Faculty, he would long ago have thrown up his situation. He reminded them that, under a variety of circumstances, he had constantly exerted himself in their favor.

A little silence being obtained, Professor Lasègue addressed the assembly. He informed them that he would devote that day's lecture to the history of the labors of Trousseau and Andral, in order to teach them the respect due to their masters—a lesson of which they greatly stood in need. "I am not accustomed," he said, "to flatter the multitude; such conduct on my part would be mean and contemptible, and you must not expect it from me. I will therefore tell you at once that, instead of behaving like men, you act like children. You ask for freedom, but you do not deserve it; you complain of the restrictions under which you are placed. but no students in any university enjoy greater liberties than you do. Look at the law students—young men of your own age—and think of the regulations to which they submit. Remember that they are obliged to serve their apprenticeship in an attorney's office, and to obey the orders of a clerk. Compare your situation with theirs, and learn to be thankful. You follow the lectures when you choose; you walk the Hospitals when you please; you are free to select your teachers; and the only thing we demand of you is not to disturb the regular course of instruction. We should be happy to give you a still greater share of liberty if you were only fit to enjoy it." This address was loudly cheered, and the rest of the Professor's lecture was listened to with religious attention—a circumstance which will certainly surprise no one who knows the temper of a mob.

No further disturbance has occurred since then, and it must be hoped that Professor Lasègue's example will cure the Faculty of its excessive timidity, and teach it no longer to submit to the *vox populi*, which in this

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case only represents the tendencies of a boisterous minority, composed of its most unprofitable pupils. On the other hand, the great majority of French students are able and anxious to learn; and the considerable audience which has attended the opening lectures of Béhier and Gosselin, Bouillaud and Richet, is a sufficient proof of this. Surely the leaders of our Academy ought not to allow some twenty or thirty individuals to persevere in creating a disturbance on every public occasion. It would be easy to fix upon the culprits, and expel them at once from the University. At all events, if this process, which has been going on for the last five years, is to continue for any length of time, both masters and pupils will be covered with ridicule—of all things the most dreaded in this country.

The numerous deaths which have lately occurred among our most eminent men have created a number of vacant seats, which are now beginning to be filled. At the Academy ef Medicine, the unexpected disappearance of Follin, who had been nominated only a few months ago, left a place which has been filled by M. Demarquay. In this case the Academy has decidedly given the preference to plodding industry over superior merit. M. Chassaignac, the talented inventor of Surgical drainage, of *écrasement linéaire*, and one of our most eminent surgeons, has been left out in the cold. But there is one thing which learned bodies do not always dispose of at their will, and that is—Fame, which the public at large are always sure to dispense with greater impartiality than can ever be expected from any official corporation.

The deaths of Velpeau and Rayer have beheaded our two Medical Associations. Hitherto somewhat hostile to each other, it appears that an attempt at union will be made by nominating Professor Nélaton President of both—something like the election of Prince Couza to the two Danubian principalities. Let us hope that the attempt will succeed, in spite of all difficulties; but a great deal of opposition is to be expected.

Two seats are vacant at the French Institute. The place of Rayer will probably be filled by a chemist; that of Velpeau remains open to competition.

At the Faculty of Medicine, the Chair of Anatomy, and that of External Pathology, are vacant, and the election will shortiy take place. It is to be deeply regretted that these important situations are not open to free competition.

Professor Claude Bernard has been elected President of the Biological Society, of which he has leng been the most illustrious member. The health of our great physiologist is now fully restored, and he will soon resume the course of his labors.—*Medical Times and Gazette, London, November 16th.*

CHARITIES OF FRANCE.—(The following is part of an interesting article with the above title, found in the *Boston Medical and Surgical Journal*, Nov. 28:)

The administration of public relief of the poor is placed under the "Prefect of the Seine" and the "Minister of the Interior." The Minister, on nomination of the Prefect, appoints a Director; and a Board of Council is appointed by the Emperor, on nomination of the "Minister of

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the Interior," except two Prefects. This administration gives the estimate of numbers of relief for 1865 as follows:

In hospitals,	91,355
In hospices,	13,134
In convalescent hospitals,	752
Abandoned children in the Foundling Hospital,	542
" " placed in the country,	23,416
Registered poor,	100,000
Sick treated at their dwellings,	30,000
Total,	259,199

Hospi*tals* are for the sick. Hospi*ces* are for the aged, infirm, insane, incurable diseases, and destitute children. The hospitals are divided into two classes:

1st. Those devoted to the treatment of acute diseases and injuries, of which there are eight, viz.:—Hotel Dieu, containing 842 beds, one of the most ancient in Europe; La Pitié, 624 beds, founded in 1612 by Mary De Medicis; La Charité, 49d beds, founded in 1606; St. Antoine, 352 beds, ancient Abbey of St. Antoine; Necker, 403 beds, founded by Madame Necker in 1779; Cochin, 123 beds, founded by Mons. Cochin, a clergyman, in 1780; Beaujon, 440 beds, founded in 1780; Lariboisière, founded by Madame Lariboisière, who died in 1846, leaving a beqnest of 2,900,000 francs.

2d. Those for especial diseases, of which there are eight also, viz.:—St. Louis, 853 beds, founded by Henry IV., in 1607, principally for diseases of the skin and chronic complaints; Hôpital du Midi, 336 beds, for venereal diseases of men; Lourcine, 276 beds, for venereal diseases of women; Children's Hospital, founded in 1735, with a branch in the country—St. Eugenie—425 beds; Lying-in Hospital, (La Maternité,) 402 beds, in the ancient Abbey of Port Royal; Clinique, 146 beds, principally for lying-in-patients; Maison Imperiale de Santé, 300 beds, situated in the Rue St. Denis, and occupied by paying patients.

Among these special hospitals, La Maternité is one which receives women in the ninth month of pregnancy, and cares for them until one week after confinement. The object aimed at is, to induce mothers, especially unmarried ones, to nurse their own children, and save the public thereby the expense of their support. Great success has attended this effort, since it is found, when once the mother has consented to nurse her infant, she is in little danger of abandoning it.

The Hospices are:—

Hospice for insane (men's),	854 beds.
" " (women's),	1341 "
" for old men,	1705 "
" for old women,	2790 "
Incurables (men),	427 "
" (women),	669 "
Ménages, at Issy, for aged couples, widows and widowers,	1383 "

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This last charity, for aged couples, is designed "for those who, without being actually in a state of indigence, have not sufficient means to live." It is a creditable, useful, interesting charity. A part of the establishment is new,and is described as well worth seeing, for its elegance and beauty.

Besides the relief afforded by these hospitals and hospices, this administration acts as trustee of several foundations which have been established at different periods by benevolent individuals.

Then there are various hospitals, civil and military, not under charge of this general administration, as the Imperial Maison de Santé, at Charenton, the Sourds Muets, the Quinze Vingts, and the Jeunes Aveugles. Also two prominent ones—the Asile at Vesinet for convalescent women, and the Asile at Vincennes for convalescent men. These inmates are convalescents sent by other hospitals, and retained for three weeks, in order to regain strength for a return to work.

The establishment of separate hospitals for children is found to be a great blessing. It secures for them a better moral and religious training. In chronic diseases, demanding a treatment of four, five and six years, the requirements are supplied of schools, work-shops, open grounds, air, exercise, gymnastic apparatus, etc. In America, children have separate wards; but much remains to be done in affording distinct establishments. The experiment of the late Amos Lawrence, in opening a "children's infirmary," at Boston, in 1846, was perfectly successful; and was only given up, after about two years' existence, on account of the large average expenditure for so small a number of inmates.

The "Sisters of Charity" are an important feature of, and a great advantage to, the hospital system of France. For centuries these women have gained universal veneration. They have no pay; and render an amount and kind of service that could not be secured from hired attendants. Voltaire, who ridiculed everything, spared the "Sisters of Charity." The principal orders are—St. Vincent de Paul, St. Thomas de Villeneuve, St. Martha, St. Mary, St. Augustin.

Progress of Illegitimacy.—Moralists are shedding tears, as well they may, over the increasing proportion of illegitimate births in various centers of population throughout the world. Let us hope the increase is rather apparent then real, and the result of the more rapid inquiry which the industry and humanity of modern times are directing upon all questions relating to the interests of society. Meanwhile, an effectual remedy has been suggested by a philanthropic writer in an Atlantic city. He proposes seriously that laws be passed declaring no children illegitimate but those born from the association of married persons with other persons than their own husbands and wives! The proposition is bold and revolutionary, but as the status of offspring in this respect is determined by law, it would be effectual—*Pacific Medical and Surgical Journal, Nov.* 1867.

A Hint for Women—Mrs. Caroline H. Dall, one of the best writers in America, says: "I have looked in women's faces to see what marks their lives have left, and I tell you that it is a simple fact that women who habitually prevent impregnation grow cold, debased, unlovely in their expression; and that those who resort to abortion become sharp, irritable and ungenial, every thing in short that we mean by unmotherly."

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ERRATA.—After commencing the putting in type of this number of the *Journal*, we were delayed until the 29th of November by not receiving until then a promised article, one that it was of importance should appear in this issue; and in consequence of this delay, we have been compelled to hurry nearly all the work in the first few days of December, and find that several most provoking errors have occurred, some of which we shall mention:

On page 706, 1867 should be 1857; page 713, the caption should be SOURCE, instead of sources; pages 732, 734, and 736, BIBLIOGRAPHY is mis-spelled; in the fourth sentence on page 744, there is a sad transposition of words, and causes is substituted for cases.

We have neither time nor patience to complete the list. *Hereafter* we shall wait for no contribution any later than the 20th of the month preceding that upon which the *Journal* is to be issued.

T. P.

The Sleeping Woman.—Miss Susan Godsey, known as the sleeping woman. Her home is in Obion county, Tennessee.

A few days ago I visited her and made notes of her case from observation, and the history as given me by her mother and brother-in-law, who witnessed it from the beginning of this peculiar condition. Age twenty-seven years; has been asleep between eighteen and nineteen years. Awakes almost at the *same time at certain hours each day, remains awake only from five to ten minutes.* Awakes at three o'clock A. M., then at six, and every successive hour until twelve M. Again awakes at three, six, seven, nine, and eleven P. M.

Pulse obscured by constant tremor of muscles; bowels generally operate once a day; menstrual period very irregular, frequently fails to appear, and when it does is generally very scanty. When awake complains of pain in the head and down the spinal cord. The first six years awoke only twice a day; since that time she awakes more frequently, but for the last five years the frequency in waking has not increased. Has what I term a general spasm about every ten minutes; had two during the first twenty minutes after I saw her. Almost immediately following the spasms she has a spell of hiccoughs, hiccoughing generally ten times each spell, at which times the head and neck are raised and the head falls forward; awoke one time during the hour I was with her, remained awake seven minutes; talked rationally in answer to my questions. In an instant I discovered she had fallen asleep. At the same time I endeavored to arouse her but could make no impression on her, she slept on. It is impossible to arouse her until her usual times for waking; complains severely of cramping in the stomach and pain in left side; color is rather healthy; expression of eye good. When awake she is always gloomy; *never calls for food* but generally relishes it when given; occasionally calls for water. The mother and brother-in-law state that just before she passed into this

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condition, she was sick with intermittent fever, and that her doctor gave her large doses of morphine, laudanum and ether; that the doctor (?) remarked to them (the father, mother and brother-in-law,) "I have tried to cure her and failed, and then tried to kill her and failed."

The spine has been blistered and the galvanic battery used. She is medium size, moderately well developed, except the mammæ, which can scarcely be said to be developed at all, and the finger and toe nails have not grown any since she passed into this condition.

This patient has actually been in a deep sleep between eighteen and nineteen years, with the exception of the few minutes each day at the stated time.

I am satisfied that this a very remarkable case, and I have reported it for the reason I believed the profession would be interested in the history of such an anomalous one.

I will not attempt to account for her sleepy condition. I do not feel competent to advance an opinion about a cause that is involved in such profound mystery. The sensible answers to questions and conversation while awake, makes it evident that the cerebrum is not organically diseased. The difficulty may be at the base of the brain. The characteristic pain in the left side and cramping in the stomach, attended with a rational condition of the mind, reminded me that it might be an aggravated form of the protean malady, hysterics.

I have given the mother and brother-in-law's statement of the treatment that was used immediately before she passed into this condition, for what it is worth.

What I have said about the probable cause of her condition is mere conjecture. Last spring my friend Dr. B. Marshall, of Woodville, furnished me the notes of her case from observing it one day, also our highly respected and intelligent presiding elder, Rev. Mr. Binum. These notes correspond with those made by myself. Dr. Wilson, of Union City, and Dr. Wright, of Kingston, Tenn., were with me when I made the notes I have given in this report.

If this case has any parallel in the recorded history of medicine, I am unaware of it.

Should any one doubt the authority of this report, it can be established by numbers of the most prominent men in Western Tennessee and Kentucky.—*Dr. Thompson, Paducah, Ky., in the Nashville Journal of Medicine and Surgery.*

Economy in Cookery.—The late M. Soyer, who was an undoubted genius in his way, held that the morals of a people greatly depend on their food, and because the ancients looked npon their *cuisiniers* as distinguished members of society, he naturally awarded them the palm of superior wisdom as compared with a degenerate race which rewards its cooks with a few paltry pounds a year and a home in the kitchen. There is something, however, to be said on the other side; for while there can be little doubt that were anything like a reasonable proportion of the cooks in our day possessed of the knowledge and skill which distinguished M Soyer, they would long since, like him, have taken rank among the *savants* of society, the fact remains that a majority of the class upon whom we de-

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pend for the preparation of that food whose importance in relation to our moral character we are not disposed to question, are utterly and absurdly incompetent dabblers, quite devoid of even the most elementary acquaintance with the chemistry of the kitchen.

There is a great deal of shrewd worldly wisdom in the saying that "Heaven sends us good meat, bnt the devil sends cooks," however much the notion may shock our sense of moral propriety. Dyspepsia engenders perhaps the most unangelic frame of mind into which any body can be driven by either of the thousand ailments afflicting humanity; and how frequently this complaint is caused by badly cooked food we can form a pretty good estimate. The absolute loss of nutritive power, and of the money value of food, which is due to the blind unreasoning prejudices and habits too frequently observed in its preparation, must be enormous. One would be afraid to hazard a guess at the quantity of nutritive substance wasted every year by bad cooking; but unless our food supply can be made to increase in an equal ratio with the increase of mouths to be fed, this question of waste will soon present itself in rather a serious light.

The Paris correspondent of the *Times* has lately called attention to an apparatus for cooking which he has seen in operation at the Exhibition, and which really seems capable of bringing about, not only a saving of the most valuable qualities of food, but also of fuel, water, time, and money. The invention is simplicity itself, and as we have personally examined and tested its powers, we are able to give a description of the *modus operandi*. We have first, then, a wooden box about eighteen inches square, and on raising the lid it is seen that there is a lining throughout of black felt (enclosing a thick padding,) leaving an aperture in the center, which contains a round tin box. We were courteously asked to name some viand for illustrating the use of the apparatus; and having selected a promising-looking chicken from the nearest poulterer's, it was placed in the tin box (which is really the cooking vessel, and has a lid like that of an ordinary saucepan,) a sufficient quantity of cold water was added to cover the chicken, potatoes and rice were put in, and the cooking vessel was then removed and placed on a common fire. As soon as the contents had been brought to the boiling point, the vessel was quickly removed from the fire and dropped into its nest in the box; a wad of black felt was placed over it, the box lid shut closely down, and the box carried away to that part of the room furthest from the fire. Two hours afterwards the box was opened, the wad removed, the cover of the vessel raised, and a most appetising odor gave promise which was amply borne out. The chicken had, in this automatic fashion, been cooked to perfection, and it was evident that the loss of flavor and delicacy by the ordinary process of boiling had been entirely done away with in the present instance. Potatoes and rice were equally satisfactory. The secret of this magic cookery will, we devoutly hope, be spread abroad, not only in the homes of the poor, but also among those who have long wearied of sodden, insipid meats whose goodness has all been boiled away at a hand gallop. The shrewd intelligence of the Norwegians is very well known, and we understand that, among other sensible practices common to the peasantry of that country, they have a way of insuring against burnt porridge by taking it off the fire as soon as it shows signs of ebulli-

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tion, and putting it in a pan or jar which they cover over with hay for a sufficient length of time to cook it thoroughly. They have long known that when a certain amount of heat has once been generated in the food to be cooked it is only necessary to prevent that heat from being withdrawn by contact with cold air to complete the cooking of the food. It is the application of this principle (which is scientifically sound, and as old as the hills,) that has resulted in the invention which bears the name of the "Improved Self-Acting Norwegian Cooking Apparatus." The deal box is constructed so as to form a non-conductor of heat or cold, the reduction of temperature of any substance placed in it being so gradual and slow that a gallon of water shut up at 212° Fahr. would register at 140° after the lapse of twenty-four hours.

As is well known, the chemistry of cooking shows that meats, whether boiled or roasted, should be first submitted to an intense heat, so as to fix the juices, and then cooked slowly at a low temperature. The neglect of this elementary bit of science is painfully apparent in the hard, indigestible, juiceless stuff which is so often to be met with at dinner tables. The automatic apparatus reduces evaporation to a minimum, and hence the remarkably fine flavor and nutritious quality of the comestibles prepared by its aid.

One can see at a glance what a host of uses this invention may be applied to, and how many advantages it offers. The economy in fuel alone would be immense. Instead of having to keep up fires from one meal to another throughout the summer, all the cooking necessary may be done the first thing in the morning. The fires may then be extinguished. The forces of nature working quietly and regularly, in most advantageous substitution for the costly inefficacy of intermittent attention from servants, provide a hot meal even after seventeen or eighteen hours' isolation of whatever food may have been placed for cooking in the box. The prospect of a diminished consumption of coal opens up the anticipation of a sky more clear and an atmosphere freer from pollution, with a consequent gain to the health of the dwellers in our large cities and towns. All the fire that is necessary to set the apparatus to work is just enough to raise the water in the tin vessel which contains the meat or vegetables, or whatever is to be boiled or stewed, to a brisk ebullition. The fire may then be put out; it has done its work. Referring to some of the more immediate practical applications of the apparatus, the *Times* correspondent says:—

"The pot is put into its nest of felt; lock it up, and leave it in your kitchen, or take it with you on your journey. Nurturing its store of heat, the process of cooking goes on hour after hour, just as you need soup, or ragout, or Irish stew, in your box, and ten or twelve hours after you will find it piping hot, so that you may leave London with your supper in your portmanteau, and before you have done your breakfast, and find it cooked and warm at night. Could not a trial be made of it for our troops? For campaigning what could be better? We have spent thousands on stoves and cooking ranges, and have only secured economy of fuel by accepting weighty iron machines with all sorts of tubes and stopcocks and steam-pipes. Any one who has campaigned knows that meat is rarely roasted; the ration is most usually boiled or stewed with vegetables. Suppose the camp fires lighted, the kettles just singing and bubbling. There is an

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alarm of the enemy, or the march must be renewed at once. Nothing more common—nothing more trying to the soldier's temper and patience. With these Norwegian kettles all the men would have to do would be to pop them into their wooden cases, put them on the mules or in the cooking carts, and trudge along to death and glory, or the next halting place, where, if they arrived in a state to gratify their appetites, they would find their meals cooked and smoking hot, which, next to glory, is probably the most valued boon which could be offered to them at the moment. In the moor—in covert sporting, where crafty lords of land like to spare their pheasants by an interlude of hot lunch; in yachting; in fact, in all places where the processes of cooking are now wasteful and troublesome; above all, in the cottages of the poor, these Norwegian boxes, which are moderate in price, promise to prove of great utility."—*Medical Times and Gazette, Oct.* 26.

EDITORIAL AND MEDICAL NEWS.

The end of the year rapidly approaches; before we again have the pleasure of addressing our readers, the Christmas bells will have rung out their joyous peals upon the frosty air—1867 passed away irrevocable as the years before the flood, and 1868 will have come with its burdens of duties and pleasures, prosperities and adversities, trials and temptations. We must now, if at all, wish our friends a Christmas merry as any of its predecessors, and a New Year happier than any of the past years. Nor do we utter these words as an idle form, for we feel to those friends who have encouraged us in our enterprise—whose contributions to the pages of the JOURNAL, and whose efforts to enlarge its influence and usefulness have been so generously bestowed—a gratitude which even the kindliest wishes for their happiness can but faintly express.

Christmas is only for a day, and its merriment at best is soon over; but the year embraces in its golden circle three hundred and sixty-five such measures of time, and its happiness may endure through them all.

Apart from the home and social pleasures which the physician may have in common with his fellow men, the peculiar sources of his happiness are found in his own constant growth, and in his increasing usefulness to others. Does any one doubt that professional usefulness contributes largely to the happiness of the medical man? Let him revert to some of his past experiences, experiences it may be of the very year which so soon terminates. In it there have been heard voices of thanksgiving, the fervent

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God bless you! welling up from grateful hearts and breaking in tremulous accents upon the wave of speech—thanksgiving from the mother whose child his skill has saved from an early grave, from the husband whose wife had almost departed where they neither marry nor are given in marriage, but was recalled by the intervention of the physician's divine art, from the strong busy man whom disease smote in the pride of his strength and in the hurry of his business, but who was restored to vigor and labor. Surely such experiences as these make us rejoice that we are physicians, knowing that we are not living in vain, and that we oftentimes receive a recompense of gratitude which is more precious than silver or gold. Let the medical infidelity which measures science, sympathy, professional skill and care by a pecuniary standard, and makes *pay* the prime motive for the physician's labor and anxiety, sneer as it may, it remains eternally true that gratitude is one of the noblest sentiments of the human soul, and its manifestations and their memory cheer many an otherwise dark hour of the physician's life. True, as Jean Paul the Only has said, while wings will do for the empyrean we need clogs for the paving stones—that kind words buy no barrels of flour, and pay no butcher's bills, (we are quite alive to the truth that printers will not accept such currency in liquidation of their claims), yet we do not believe that the faithful physician who proves himself worthy the confidence of men, will long suffer any serious pecuniary need.

Does any one charge us with exaggerating the moral and philanthropic functions of the physician? A few months ago Professor Béhier, before the Faculty of Medicine and the students of Paris, pronounced the eulogy upon the celebrated Rostàn;* after referring also to Trousseau in it, he uses the following language: "And now, gentlemen, in presence of these noble examples, the best wish for all of you, as for me, that I can express, is that it may be granted unto us to live as they lived, for the good of all," etc. It is this *living for the good of all*, that should be the desire and effort of every physician.

As the memory of our successes in practice, the confidence which they have inspired, the kindness and affection which they have evoked, should not only be a just source of pleasure in the retrospect, but should quicken us to greater professional diligence, a similar quickening influence ought to result from our very failures. We have witnessed cases of disease or accident where our best efforts were unavailing to avert a fatal issue—we palliated, it may be, but we did not cure; we can remember house-

* Reported in the *Archives Generales* for September.

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holds where the patter of little feet and the prattle of little voices that woke the strongest pulses of love in parental hearts, were forever stilled—young men or maidens just when life proposed its gladdest joys, husbands or wives just when life pressed with its gravest trusts, hurried away by death, alike inexorable to tears, to social ties, and to all our art. From these sad scenes we have gone to our studies deploring the imperfection of that art, but resolved to devote ourselves anew to its investigation, enlarging our own knowledge, and contributing our contingent, however small, to that of others. Life saved and life lost have one voice to the thoughtful, conscientious physician.

Fortunate are those of us who accomplish the year, and can revert to no professional misunderstandings or bickerings, and who may have their memory unscarred by unkind words, unjust judgments, or malevolent deeds. Very much of our unhappiness has its source within the profession itself—very little is really of exterior origin. The Brotherhood of Medicine! Shall we always be compelled to only look with longing eyes for it, and never permitted with cheerful voice to hail its advent? In vain we waste our breath in denouncing irregular practitioners, in vain declaim against society for encouraging them, and repine at our own alleged non-appreciation, as long as we find leisure to war against each other. Our time and our energies, expended either in the former or latter modes, should be wholly consecrated to making such attainments and such culture as would prove that Rational Medicine, and we, as its representatives, should be always and everywhere foremost in honor and esteem. Never until we translate this creed into our daily lives, can we attain our best measure of happiness or of usefulness. Light dispels darkness by no direct conflict with it—the purer, the stronger the former, the more rapidly the latter disappears; only thus can True Medicine terminate all false systems—polemics is a part of theological, not of medical training, and war should not be embraced among the functions of the physician. As we are taught in natural philosophy that, in certain conditions, two undulations of light or two distinct sound-waves, may perfectly antagonize each other, the result being in the one case *darkness*, and in the other *silence*, so do physicians who engage in personal strifes dim for the time being the true light, hush the true voice, and hinder the progress of medicine. The lighter ills we are called to suffer, ills done us in downright ignorance or in moments when passion has hushed the conscience and blinded the intellect, better pass over with charitable and silent forgiveness; and if a man should do you grievous, personal and professional wrong, waste neither your own time nor that of your professional brethren by parading the

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wrong for public observation, but simply refuse association with the offender until he make acknowledgment of the offense or prove by the consistent and courteous conduct of a gentleman that such offense will never be repeated. Let us so far as possible, with the dying year, let all its voices of discord die, all its memories of disagreements and disputes, of strifes and bitter words, of ungracious or ungrateful deeds sink forever in the fountain of human oblivions.

"What pang
Is permanent with man? From the highest,
As from the vilest thing of every day,
He learns to wean himself. For the strong hours
Conquer him."

If, as Lord Bacon taught, riches are to be regarded as the baggage, the *impedimenta* of virtue, how much more are these unhappy memories feelings and passions to which we have referred, the useless and injurious *impedimenta* of professional progress, and how terribly weighed down must he be who carries on from year to year such painful accumulations! A New Year speedily opens its portals to us, and we will enter them light-hearted and hopeful, first laying aside all these weights and hindrances.

A FRIEND reminds us that we have neglected to notice that Dr. Richardson has renounced his ammonia theory of the coagulation of the blood. Yes, Dr. R. has renounced this theory that had scarcely lived long enough to be called old, and proposes a new theory which the scientific world will be more slow in receiving than they were the first. Tennyson must have had in his mind the rise and fall of medical theories and hybotheses, when he wrote—

"Our little systems have their day;
They have their day, and cease to be."

AT A MEETING of the St. Louis Medical Society, held October 26th, it was unanimously resolved that some efforts towards legislative enactments for the protection of the people against quacks and humbugs, be attempted at the approaching session of the Missouri State Legislature. Dr. Hammer, *Humboldt Medical Archives*, November, in the course of a brief editorial urging the importance of this desired legislation uses the following words:—"In all of the professions we must be guided by the lights of older communities. In England, France, Germany and Switzerland, there are most strenuous efforts made by the 'Government' to suppress charlatanism, and, notwithstanding the popular belief, there are relatively fewer quacks ten to one, in those countries, than we have in the United States. Our medical schools are in a measure to blame for this

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condition of affairs, because they are not rigorous enough in graduating the candidates for the degree of Doctor of Medicine."

DR. J. J. ROOKER, of Castleton, Marion Co. Ind., proposes to prepare some statistics, showing the effects of balls retained in the human body. Any one having cases of such injuries from firearms, and willing to report them, will be furnished with *blank forms* upon application to the doctor.

WE think we can promise our readers that the January number of the JOURNAL, will be quite worthy of their perusal Among the original articles that will appear in it will be one by Prof. Wright of Cincinnati, on the *Constitutional Treatment of Dysmenorrhœa;* one on *Hepatic Disease*, by Dr. Carson; *Local Anæsthesia*, by Dr. Weist; *Medical Progress*, by Dr. Comingor; *Quinine, Iron and Chlorate of Potash in Scarlatina*, by Dr. Griswold, of Circleville, O.; *Primary Causes of Prostitution*, a translation from the French of Parent-Duchatelet, by Dr. Wm. Mason Turner, of Philadelphia; a review of the Transactions of the Ohio State Medical Society, by one of the ablest of the medical writers of our country; bibliographical notices of the recent editions of West and Byford, of Rev. Dr. Todd's WOMAN'S RIGHTS, and of Dr. Storer's IS IT I? etc., etc.

IN THE CINCINNATI JOURNAL OF MEDICINE, August 1866, we published some translations that we had made from the *Annuaire de Therapeutique*, etc., *Par A. Bouchardat*, Paris, 1866, among which was one on Lortet's use of ether as a remedy for tape worm. And now we find some of our exchanges, eastern and western, especially the former—publishing this method of treatment as a recent thing. We care no more about the credit of having first called the attention of the profession in our country to this novelty, than the credit of having first presented, in a review of Bernutz and Goupil's *Clinique Medicale*, etc., AMERICAN JOURNAL OF THE MEDICAL SCIENCES, July 1867, some views of Guérin upon the value of the uterine speculum, and which we saw a few weeks since doing duty in a contribution to one of our exchanges, without any acknowledgment of the source from which they were obtained, but we do think fourteen or fifteen months rather too long, even if the weather were constantly cool, to keep such an ether-item entirely fresh and without evaporation.

THE STUDENTS of the Medical College of Ohio have done an excellent thing in publishing Prof. Gobrecht's Introductory delivered at the commencement of the present lecture term. It will do them good to have in a permanent form such clear views of true medicine and the mode of teaching it, such manly protest against some of the heresies that are

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intruded upon us in these days, such high appreciation of the dignity and importance of the physician, and judicious counsels as to study and deportment. We may add also, that no member of the profession can read this address, and not be grateful to Dr. Gobrecht for writing it, and to the students for having it published.

OUR READERS will be interested in the remarkable views in reference to *Phthisis*, entertained by Dr. Budd, and found in this number of the JOURNAL. They are destined to attract no little attention on the part of thoughtful physicians, especially as they are promulgated just when the experiments of Villemin as to the *inoculability of tubercle* have been in the main successfully repeated. If science should now accept the contagiousness of pulmonary tuberculosis, it would be simply verifying a popular belief. And here we can not but observe that we might be guided towards the acquisition of truth, as we certainly would be rendered more catholic in spirit, by accepting as a fundamental principle, that human beliefs prevalent and continued generally contain some portion, greater or less, of the true. In the words of one of the great thinkers of our age, Herbert Spencer, "Entirely wrong as they may appear, the implication is that they germinated out of actual experience—originally contained, and perhaps still contain, some small amount of verity. More especially may we safely assume this, in the case of beliefs that have long existed and are widely diffused; and most of all so, in the case of beliefs that are perennial and nearly or quite universal." We believe that the views here expressed have a relation to this subject, to the investigation of which an increasing value attaches in consequence of the converging lights of clinical experience and physiological experiment.

The views of Dr. Budd do not escape criticism. In the LANCET, Nov. 2, Dr. Cotton, for so many years physician to the Brompton Hospital for Consumption, enters the lists, combating from the statistics of that institution, the contagion-theory—if this were true, then the attendants in such an hospital ought to manifest peculiar liability to tuberculous disease; but they do not, and therefore the theory is not true. Dr. Wilks in the last number of the LANCET, Nov. 9th, takes similar ground.

For the present at least, possibly too, for a long while in the future, the whole matter must remain *sub judice*.

BY REFERENCE to our advertising columns it will be seen that the Long Island College Hospital, has had a partial reorganization of its Faculty. Our friend, Professor Armor, whose ability as a clear and polished lecturer is so well known, now has the chair of theory and

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practice and materia medica; Professor Ford, *one of the two best lecturers on anatomy in the United States*, lectures in his favorite department. Add to these the names of Hamilton, of the Flints, and those of the other gentlemen comprising the Faculty, and it will be seen at a glance that this School presents both great reputation and ability on the part of its corps of teachers.

THE ITALIAN government has been the first recognize by law the devotion and disinterestedness of the medical profession in their attendance upon cases of cholera. By a recent law the Chambers have provided that an annual pension of four hundred francs shall be paid to the widow, and a thousand francs to the children of any physician who dies from such exposure. The pension of the widow ceases if she marries again, and that of the children on attaining majority.—*Boston Medical and Surgical Journal,*

DR. J. V. C. SMITH, of Boston, and DR. J. H. GRISCOM, of New York, have been adjudged the successful competitors for the "Prize Essay on the Physical Signs of Longevity," for which $500 was offered some time ago by the American Popular Life Insurance Company. The essay of each of the gentlemen was so good that the committee could not determine which was the better, and the prize was awarded to each.—*Med. and Surg. Rep. Phila.*

IF WE are correctly informed, Mr. Syme has bid adieu to the use of the ligature, save in the tying of the larger arteries. He employs torsion; and after this operation is completed, he clears out the wound, using a weak solution of carbolic acid and water (one part to thirty,) and covers the whole over with a paste containing carbolic acid, chalk and other ingredients.—*London Lancet, Nov.* 16.

WE REGRET to announce the death, at New Haven, of DR. WORTHINGTON HOOKER, a name well known to the medical profession in the United States. DR. HOOKER was a native of Springfield, and since 1852, Professor at Yale Medical College. The *Springfield Republican* says that he was a graduate of Yale College in 1825, and of Harvard Medical School in 1829. He had attained an eminence fully worthy the position he filled for fifteen years in Yale College, and did much to render his difficult science one of popular use and knowledge. Several valuable works, treating of medicine and chemistry, and their practical combinations, came from his pen, and have been extensively used as school text books.—*Boston Medical and Surgical Journal, Nov.* 14.

ERRATUM.—The types make the author of the remarks upon Veratrum Viride (as given in your JOURNAL of November, page 657,) to say—"The *force of the heart's contractions will bear an* INCREASE *ratio to that frequency*" which is contrary to the ideas attempted to be advanced, and which should read "INVERSE *ratio to that frequency.*"

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